



EXAMINATION SECRETARIAT

INVIGILATOR'S REPLACEMENT FORM

EXAMINATION INFORMATION

CHIEF INVIGILATOR :

DATE :

TIME :

VENUE :

APPLICANT - INVIGILATOR INFORMATION

NAME :

MOBILE PHONE NO. :

REASON FOR REPLACEMENT :

REPLACEMENT - INVIGILATOR INFORMATION

NAME :

MOBILE PHONE NO. :

PLEASE TICK () AND PLEASE FILL IN EACH BOX BELOW

APPLICANT

REPLACEMENT

I agree that action can be taken against me for any examination invigilation misconduct.

* I agree to invigilate replacing the applicant

* The applicant will replace me on (only if swapping)

Date : _____

Time : _____

Venue : _____

*(signature & date)**(signature)*

FOR OFFICE USE ONLY

Received by:

Action taken :

Name :

Date :

Note:

- i – Chief Invigilator replacement is only permitted for any academic staff
- ii – Examination Invigilator must understand the rules and regulation of examination

