

AGSM @ UNSW Business School

MBA Programs Exam Invigilator Details

Please complete & email this form to the Student Experience Team studentexperience@agsm.edu.au.

Course	
Exam date* (Enter Exam Date before sending)	(Please nominate)
* May vary from the advertised session exam date only if approved for a Supplementary Exam (via Special Consideration)	
To be completed by the student	
Student name	Student ID number
Email	Session of study
Exam venue address	
Signature	Date
Signature	Date / /
x	
To be completed by the nominated exam supervisor	
I agree to supervise the exam for the above student at the venue, date and time indicated and will endeavour to ensure that strict examination conditions are met. I confirm that I will scan (PDF preferred) the completed exam papers & return via email to the AGSM MBA Programs. I confirm that the information provided by me is correct and that I am not related to and do not reside with the examination candidate. On receipt of the exam I will not discuss the content of the exam with the above student or anyone else at any time. I acknowledge that the exam paper remains the Intellectual Property of AGSM MBA Programs, UNSW Australia and may not be copied, stored or shared without express, explicit and written permission.	
Name Relationshi	p with student
Email address (for the exam paper & instructions to be emailed – approximately 3 days prior)	Mobile
Exam supervisor signature	Date
×	1 1

For any clarification please call the Student Experience Team on 02 9931 9400.

