

INVIGILATOR REPORT FORM

Complete and return this form to level 2 of the Fraser Building

Examination Hall:

Examination Date:

Examination Time:

Title of Examination Paper:

Exam Code:

Number of Candidates present	Number of Candidates who submitted scripts	Signature of Invigilator recording totals

Name of Janitor delivering exam papers	
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By signing below, you are confirming the exam answer books/tele forms have been counted by you.
As a representative of the School you agree with the totals supplied by the Invigilators

Name and staff number or GUID of School representative	
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ALL ISSUES WHICH COULD IMPACT ON STUDENT PERFORMANCE MUST BE RECORDED ON THE REVERSE OF THIS DOCUMENT

WHEN NO INCIDENT OCCURRED, CONFIRM BY INITIALING EACH BOX BELOW	INITIAL
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NO incident occurred INSIDE this venue which may have affected overall student performance	
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NO incident occurred OUTSIDE this venue which may have affected overall student performance	
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NO student highlighted issues which may affect overall student performance	
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NO student reported illness, anxiety or other health issue which may affect their individual performance	
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NO student reported any other issue which may affect their individual performance	
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