Nomination Form - Examination Supervisor



| To be completed by student (print in capitals please) | | | | |
|---|---|---|---|--------------|
| Stude | ent No | | | |
| Surno | ame | | | |
| Giver | n Names | | | |
| | Please ensu | re your postal address, email address a | nd telephone numbers are correctly update | ed on MyInfo |
| Exan | n/s to be supervised | | | |
| | Unit Code | Unit Title | Exam Date | Exam Time |
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| Student's Signature: | | | Date: | |
| To b | e completed by supervi | ising organisation. (print in capitals p | lease) | |
| | <u> </u> | | | |
| Orga | nisation: | | | |
| Contact Title: | | Given Names: | Surname: | |
| Positi | on Title: | | | |
| Office Tel No: | | Mobile: | | |
| Office | e Email Address: | | | |
| Stree | t Address: <i>MUST</i> be a stree | et address not a Post Office Box. (Mater | ials are delivered by courier and must be si | gned for) |
| | | | | |
| Payr | nents | | | |
| 1) | NO payment required | | | |
| 2) | Yes payment required. | Fee = \$ | per exam. | |
| | ✓ bank account details ✓ a valid public liability | , please provide together with this form: s either with a blank deposit slip, statem y insurance certificate. e upon receipt of invoice. Australian invo | ent header or similar bank letter and | |
| | | | me/s for each examination as specified by hich will be received with the examination | |

Contact Signature: Date:

Return completed form to: Examinations Office, Murdoch University, 90 South Street, Murdoch WA 6150 or via email to exams@murdoch.edu.au Completed Nomination Form must be returned to the Examinations Office before the end of Week 12 for normal semester exams, or at least 10 University working days prior to the start of the exam period for all other exam periods. Forms received after the deadline will not be accepted.