

UOW ADMINISTRATION

NOMINATION OF DISTANCE EXAMINATION SUPERVISOR**Student details**Student number Full name

* Please note all correspondence will be made via your UOW email account

Exam DetailsSubject Code Date Time Subject Code Date Time **Nominated supervisor**Full name Position Company Mailing address (for courier delivery)
PO Boxes not accepted Suburb, state, postcode, country Phone number Fax number Email address **Supervisor declaration**

* Please tick the boxes below:

- I am not a close relative or friend of the student listed above, and I do not have a vested interest in his or her studies.
- I am able to speak, read and write in English.
- I am able to keep the examination materials locked in a secure location before the examination, and I agree not to divulge by any means the contents of the examination paper.
- I am currently employed and have provided evidence in the form of a business card, original letterhead, or link to my company's website which cites my contact details.
- I will be claiming payment for supervision of the above exam/s Yes/No

Signature Date