**Hosting Examinations for Arden University**

Thank you for agreeing to host examinations on behalf of Arden University. In order for us to approve your venue, you are required to read and agree to Arden University’s Examination Regulations (document QA12).

When you host the examination, please ensure you complete the following checklist:

|  |  |
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| **Arden University Examination Checklist** | |
| Complete and sign all examination paperwork:   * **Candidate Attendance Register –** remember to check student’s identification and sign to say you have done so * **Invigilator Details Form –** ensure you provide sufficient invigilators and they complete and sign all applicable parts of the form * **Invigilator Report Form –** complete all relevant sections and ensure Page 2 is signed (even if no incidents occur during the examination) |  |
| Take a copy of the completed examination script before posting all documents. Preferably, scan the document and send a copy to AU via e-mail. |  |
| Dispatch the examination papers and accompanying documentation within 24 hours of the end of the examination. |  |
| Provide AU with an Airway Bill number or tracking number for the documentation once it has been posted (if applicable). |  |
| Ensure all students have paid the required fee – students are responsible for paying their own examination and courier fee directly to the venue. We advise that payment is taken prior to the examination date. Venues reserve the right to turn students away if they arrive to sit their examination but they have not paid the agreed fee. |  |
| Notify AU if any students fail to turn up for an arranged examination or if you have to turn a student away from an examination for non-payment of the agreed fee. |  |

**I hereby declare that I have read and understood Arden University’s Examination Regulations (document QA12) and agree to adhere to them. I understand all the requirements highlighted in this document:**

Examination Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_