



**EXTERNAL PROCTOR FORM  
 AGREEMENT TO INVIGILATE EXAMINATION(S)  
 ON BEHALF OF THE UNIVERSITY OF THE WEST INDIES (UWI), OPEN CAMPUS**

I certify that I agree to invigilate in due course the Examination(s) of the UWI student whose name and address appear below. The UWI will schedule the date and time of the examination; I note that the student will need **at least two uninterrupted hours (and three hours for some Examinations)** in which to attempt the Assigned Work for each Examination. I will be able to provide a suitable quiet room, with a writing desk or table and chair. Invigilation will take place under true Examination conditions, in strict accordance with Instructions to be supplied by the University. I understand that the Examination Documentation will be sent **DIRECTLY to me from the University by door to door courier** (with a separate notification from the University that the packet has been dispatched to me) and that I might be required to **collect and sign for** the item from my local post office. Inside the packet will be the Examination Booklet(s) and question papers – each in a sealed and unopened envelope – which I shall keep **securely and unopened** until the Examination time. I will also be required to personally return the completed examination(s) to UWI directly by courier and keep a copy of each script until UWI have acknowledged receipt of the original. I accept that the University does not pay an Invigilation Fee.

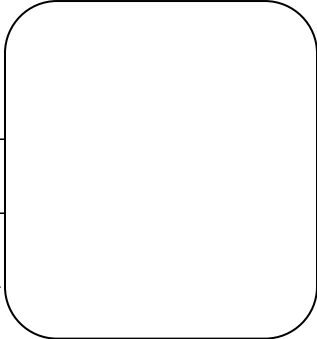
**Please complete ALL parts and requirements of this form:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position in Organization /Designation:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_  
 (capital letters please)



PUT SEAL OR STAMP HERE

**Qualifications:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Full Postal Address** \_\_\_\_\_

(capital letters please – we cannot accept an address which is “c/o” another person)

<b>Particulars of the Student (a photo is to be placed in the box to the right)</b>	
<b>Student ID Number</b> _____	
<b>Full Name</b> _____	
<b>Full Postal Address</b> _____	
<b>Studying Courses/Programmes:</b> _____	

**PLEASE SEND THIS COMPLETED FORM TO:  
 THE SENIOR ASSISTANT REGISTRAR, ASSESSMENT, AWARDS AND RECORDS  
 THE UNIVERSITY OF THE WEST INDIES, OPEN CAMPUS  
 P. O. BOX 1341, BRIDGETOWN, BB11000, BARBADOS, W.I.**

*Email: [exams@open.uwi.edu](mailto:exams@open.uwi.edu)*

**\*\*UWI CANNOT ACCEPT AN ‘AGREEMENT TO INVIGILATE’ FORM WHICH DOES NOT BEAR THE OFFICIAL STAMP OR SEAL OF THE ORGANISATION BY WHICH THE PROPOSED INVIGILATOR IS EMPLOYED OR MANAGES.**

**WE ARE NOT BOUND TO ACCEPT THIS AGREEMENT PENDING OUR EVALUATION OF YOUR SUITABILITY AS A PROCTOR.**