



Final Exam Request Form



Please note this form will not be processed unless:

- **All course requirements have been fulfilled** i.e. all Progress Tests/ Labs/ Assignments have been completed and graded by your teacher.
- **All relevant information is completed**, including (if required) the second page.
- This form is **submitted at least 5 business days prior to the date you wish to sit the Exam.**
- This form is **submitted to unilearn@tafeqld.edu.au**

Proposed Date of Exam:
Unilearn Course and Intake:
Type of Exam being requested: ProctorU* (Currently only available for Biology, Senior English and Economics students) Online (Exam questions appear online and answers are either completed online or in Answer Booklet) Paper (Both the Exam questions and the Answer Booklet are printed by the Supervisor) Unilearn Ready Program student (this is our 3 subject, 30-52 week Program)
* If sitting the Exam via ProctorU or in the Unilearn Office, you do not need to complete Page 2 of this Form.

What is the name of the University are you applying to? _____

Documentation Deadline For: QTAC VTAC MELB UNI OTHER _____

Points needed for QCE? Yes No If Yes, provide LUI No: _____

Student Information for Official Statement of Achievement

Student Name for Statement:			
TAFE Student No:	I have an existing AccessAbility Plan	Yes	No
Mobile Number:	Email:		
Postal Address:			
By signing below, I acknowledge that this information is true and correct.			
Student Signature:			

Please tick your supervisor on the following List of Approved Roles for Supervisors:

- | | |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Accountant/Bookkeeper | <input type="checkbox"/> Librarian |
| <input type="checkbox"/> Commissioned Officer currently serving in the regular defence forces | <input type="checkbox"/> Minister of Religion |
| <input type="checkbox"/> Educational Facility Employee | <input type="checkbox"/> Medical Professional |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Public Servant |
| <input type="checkbox"/> Examination Service | <input type="checkbox"/> Unilearn Office* |
| <input type="checkbox"/> JP/Commissioner for Declarations | <input type="checkbox"/> Other (to be approved by Unilearn) |
| <input type="checkbox"/> Law Professional | _____ |

Please advise the make and model of the calculator you will be using in the Exam:



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Supervisor Details

Supervisor Name:	
Supervisor Occupation:	JP/CDEC Registration/Seal No: Teacher Registration No:
Business Name:	
Exam Location:	
Supervisor Contact Number:	
Supervisor Business Email: (this cannot be @yahoo, @hotmail, @gmail etc.)	

Important Note:

Unilearn will make the final decision regarding the suitability of the nominated supervisor.

Please ensure your supervisor is not a friend or relative, has a business email address and the intended exam location is a place of business and not a residential address.

Examination Conditions and Supervisor's Declaration

- I agree to act as Supervisor for the student listed on Page 1 of this Form.
- I am not a relative or personal friend of the student.
- The proposed location for the exam is not a residential address and is suitable for conducting an examination (quiet and uninterrupted).
- I understand that the exam instructions will be emailed to me 48hrs prior to the date of the exam.
- I understand I will be required to check student's photo ID during set up of exam.
- I understand that the student is not to handle the examination documents once the exam is complete.
- As the nominated supervisor, I agree that I am the only person allowed to handle the examination documents. This includes electronic copies of the exam and the instructions.
- I understand that some exams may take up to 4 hours to complete (check our website for specific durations).
- I have access to a printer, a scanner, and reliable internet access.
- If applicable, I am willing to print 20-50 pages of examination materials.
- I understand I must be in direct line of sight to the student AT ALL TIMES during the exam.
- I will ensure the student's personal items, including mobile and other devices, are away from the testing area.
- I agree to return ALL printed examination materials to Unilearn within 24hrs by both:-
 - Scanning and emailing answers directly to the teacher;
 - Placing the original documents in the post (the student will be asked to supply a prepaid envelope).

Supervisor Signature:	Date:
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OFFICE USE ONLY			
Received in Office		Date details sent	
All Conditions Met		Yet to complete	
Emailed Student		SOS & COS Dates	
Emailed Supervisor		ProctorU Booked	
Exam Released		Notes:	
Teacher Advised		Notes:	

Website: unilearn.net.au
 Monday to Friday 9am to 4pm AEST
 Phone: +617 3826 8392 | EMAIL: unilearn@tafeqld.edu.au
 Privacy Policy <http://tafeqld.edu.au/about-us/privacy.html>