

## Supervised Exam Viewing Application Form

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND KEEP A COPY

### STUDENT DETAILS

Title: Dr/Mr/Mrs/Ms/Miss/Other: \_\_\_\_\_ Student ID: \_\_\_\_\_  
First name(s): \_\_\_\_\_ Last name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Please list your exam subject and study period below.

Subject code and name: \_\_\_\_\_ Study Period: \_\_\_\_\_  
\_\_\_\_\_

### Time and date of scheduled exam viewing:

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

### PRIVACY

Please visit our website for a copy of our privacy policy (available at <http://www.kaplanprofessional.edu.au/privacy-policy>).

### SUPERVISOR INFORMATION AND CONTACT DETAILS (To be completed by supervisor, please fill in your details.)

Title: Dr/Mr/Mrs/Ms/Miss/Other: \_\_\_\_\_ First name(s): \_\_\_\_\_  
Last name: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
Company: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_ Fax: \_\_\_\_\_

### SUPERVISOR'S COMPULSORY DECLARATION

I agree to act as supervisor for this candidate's viewing of their examination paper(s). I understand that Kaplan Professional will send me the confirmed arrangements on this application has been approved and that the candidate is responsible for all associated costs. I agree to facilitate a secure exam viewing for the candidate under the following conditions:

- The candidate will not be allowed to make a copy of the exam questions or completed answer sheets in any manner (photocopy/written/scan).
- The candidate will not be left alone with the exam.
- The candidate will only make notes detailing any feedback of the exam questions.
- The candidate is permitted to have the subject course notes and a calculator in the room.
- I agree to destroy any exam questions and exam answer sheets provided to me once the viewing has been concluded.

I confirm that the information provided by me in this form is in all respects correct and complete to the best of my knowledge and belief and that I am not related to, reside with, or work with the examination candidate (HR or Training Manager accepted).

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

Return this form to the Kaplan office via:

**MAIL** Kaplan Professional  
Supervised Exam Viewing Application  
Level 4, 45 Clarence Street  
Sydney NSW 2000

**EMAIL** [studentadvice@kaplan.edu.au](mailto:studentadvice@kaplan.edu.au)

### APPLICATION ASSISTANCE

Contact Student Advice on 1300 135 798