Exam invigilation request

Name	
First	
Last	
Pronouns	
Ex: She/her, he/him, they/them, she/they, he/they	
Email	
Phone number	
Preferred contact method	
? Phone	
? Email	
Library card number	
City Library cards begin with 23287	
Eligibility	
? I am a City of North Vancouver student/resident	
? I am a City of North Vancouver business owner	

If you are unsure of where the City boundaries are, please refer to this map.

City Library's exam invigilation service is only available for residents who reside or have a business in the City of North Vancouver. Please see our list of other organizations offering invigilation.

Select your preferred invigilation times

Preferred date — option 1

Bookings must be made at least two weeks before the requested exam time. There are two regularly scheduled weekly timeslots for exam invigilation: Thursdays 1:30 p.m. - 4:30 p.m.; and Saturdays 1-4 p.m.

Preferred start time — Thursdays

? 1:30 p.m.

Other

- ? _{2 p.m.}
- ? 2:30 p.m.
- ? 3 n m

Please select your start time for a Thursday session. Exams on Thursdays must be complete by 4:30 p.m.

Preferred start time — Saturdays
Page 1 - https://www.nvcl.ca/exam-invigilation-request | Accessed: November 25, 2025 - 06:20 AM

 ? 1 p.m. ? 1:30 p.m. ? 2 p.m. ? 2:30 p.m. Please select your start time for a Saturday session. Exams on Saturdays must be complete by 4 p.m.
Preferred date — option 2 Bookings must be made at least two weeks in advance of requested exam time. There are two regularly scheduled weekly timeslots for exam invigilation: Thursdays 1:30 p.m. – 4:30 p.m.; and Saturdays 1 – 4 p.m. Preferred start time — Thursdays ? 1:30 p.m. ? 2 p.m. ? 2:30 p.m. ? 3 p.m. Please select your start time for a Thursday session. Exams on Thursdays must be complete by 4:30 p.m.
Preferred start time — Saturdays ? 1 p.m. ? 1:30 p.m. ? 2 p.m. ? 2:30 p.m. Please select your start time for a Saturday session. Exams on Saturdays must be complete by 4 p.m.
Time required for your exam:
E.g., two hours My exam is for: Pligh school College/university Work/professional accreditation Personal interest Other Enter other
When I complete my studies, I will have a: ? Diploma ? Degree ? Certification ? Other Enter other
Type of exam ? Paper ? Online/digital
The topic I am studying is:

Issuing institution information

nstitution			
Ex: Capilano Unive	sity		
Email			
Phone			
Address			
Address 2			
City/Town			
State/Province -	Select - ?		
ZIP/Postal Code			
Please enter the co	ntact details of the person at your	institution who is issuing the exam.	
saa fill aut tha d	tails of the institution that is is		
	etails of the institution that is is e we should know about you	<u> </u>	

Service use agreement

Service use agreement

- ? I understand that this service is free to qualifying individuals; however, I agree to be responsible for any costs related to exam supplies, or to the receiving and returning of exams, such as postage or courier charges.
- ? I agree to arrange for the exam (or passwords for online examinations) to be sent to the North Vancouver City Library at least three days in advance of my scheduled exam time.
- ? I agree to bring my library card and proof of City of North Vancouver residence, proof of City of North Vancouver business address, or proof of student status at a City of North Vancouver school, to the exam invigilation.

Freedom of Information and Protection of Privacy Act Notice

The library is collecting your personal information in accordance with Section 26(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions, please contact us at 120 14th St. West, North Vancouver, BC, V7M 1N9, or 604-998-3495 or privacy@nvcl.ca.