**MIDTERM EXAMINATION INVIGILATION APPLICATION FORM**

**Department of Biology**

**Hiring Unit: \_\_\_\_\_\_\_Biology\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Indicate Exam (as “Assignment” in posting): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of exam: \_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Information:**

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

McGill ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

McGill email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Insurance Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIN Expiration Date (for International Students): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Status:**

Are you currently registered as a student at McGill University? YES NO

If “yes”:

Department of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree you’re working towards (*e.g.* MSc, PhD): \_\_\_\_\_\_\_\_\_\_

Are you a Canadian or international student?

**Language Proficiency:**

English (check one): French (check one):

Basic Basic

Moderate Moderate

Advanced Advanced

**McGill Employment:**

Have you ever invigilated for McGill University? YES NO

Have you ever invigilated for McGill Biology? YES NO

If YES for Biology, indicate the last 3 terms you invigilated FOR BIOLOGY (*e.g*. Fall 2013, Winter 2013):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you currently hold any other positions at McGill University? YES NO

If YES, indicate the job title and Hiring Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please also indicate number of hours worked per week in this job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:**

I confirm that the information I have entered above is both accurate and complete.

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