

CAL Exam Assistant Application Form

Please attach a **current resumé** to this application and submit to the CAL Office.

Information:

Name: _____
First Name Last Name

Student #: _____ SFU Email: _____

Address: _____

City: _____ Postal Code: _____

Tel: () _____ Cell: () _____

Do you have a valid Social Insurance Number (SIN)? Yes No

If no, please provide proof that you are legally eligible to work on campus.

Are you currently on SFU payroll? Yes No

Relevant Experience:

Experience working with persons with disabilities Yes No

Technical/Computer skills High Avg. Low None

Did you complete your undergraduate degree at SFU? Yes No

Experience assisting with post-secondary exams Yes No

Current program of study: _____ Masters PhD

Expected graduation date: _____

CGPA: <2.0 2.0-2.5 2.5-3.0 3.0-3.5 >3.5

Please indicate the times you are available:

Midterm Period (8:30 a.m. – 10:00 p.m. Mon. – Fri.):

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Final Exam Period (8:00 a.m. – 10:00 p.m. Mon. – Sun.):

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Please indicate the SFU campuses that you are available to work at:

Burnaby

Surrey

Vancouver

Signature

Date

Please direct inquiries and applications to:

Niloofer Aslaminejad

Disability Services Officer, Centre for Accessible Learning

(phone) 778-782-5346 | (fax) 778-782-4384 | (email) naa20@sfu.ca