

CAL Exam Assistant Application Form

Please attach a <u>current resumé</u> to this application and submit to the CAL Office.

Information:

Name:		
First Name		st Name
Student #:	SFU Email:	
Address:		
City:	Postal Code: _	
Tel: ()	_ Cell: ()_	
Do you have a valid Social Insurance Num	lber (SIN)? □ Yes	□ No
If no, please provide proof that you	are legally eligible to we	ork on campus.
Are you currently on SFU payroll? □ Ye	es 🗆 No	
Relevant Experience:		
Experience working with persons with disa	abilities 🗆 Yes	□ No
Technical/Computer skills	\Box High \Box Avg.	□ Low □ None
Did you complete your undergraduate deg	ree at SFU? □ Yes	\square No
Experience assisting with post-secondary e	exams 🗆 Yes	□ No
Current program of study:	□ Maste	rs 🗆 PhD
Expected graduation date:		
CGPA: □<2.0 □	2.0-2.5	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 - April 12 - 26th (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:

<u>r lease muica</u>	ite the SFU cal	inpuses that you a	ire available to work at:
□Burnaby	□Surrey	□Vancouver	□Remote (i.e. online)
Signature			Date
	Ple	ease direct inquiries o	and applications to:
		Nicol	e Ceron
	Disabilit	ty Services Officer,	Centre for Accessible Learning
	(phone) 778-7	782-9724 (fax) 778-	782-4384 (email) <u>calexams@sfu.ca</u>