INVIGILATION APPLICATION FORM  
Department of Atmospheric & Oceanic Sciences

Hiring Unit: Atmospheric & Oceanic Sciences

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): ☐ Basic ☐ Moderate ☐ Advanced
French (check one): ☐ Basic ☐ Moderate ☐ Advanced

McGill Employment:
Have you ever invigilated for McGill University? YES ☐ NO ☐
Have you ever invigilated for McGill AOS? YES ☐ NO ☐
If YES for AOS, indicate how many times you have invigilated FOR AOS: _________

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: ______________