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**Assistant Invigilator Application Form 2019-2020**

Graduate students wishing to invigilate the examinations offered by the Department of Pharmacology should complete this **form** and return it with a **cover letter** to [undergrad.pharmtox@utoronto.ca](mailto:undergrad.pharmtox@utoronto.ca).

The names of all qualified applicants will be drawn in random order and added to a list of invigilators. Invigilators will be contacted (in order of the invigilator list) in advance of examinations for which they will be required.

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| **Applicant Name:** | **Email Address:** |
| **Home Phone:** | **Work Phone:** |
| **University Address:** | |
| **Department:** | **Program:**  Master’s  Doctoral |
| **Year in Program:** | **Current Supervisor:** |
| **Preferred Method of Contact:**  Home Phone  Work Phone  Email | |

If any of the above information changes, please notify the Department ([undergrad.pharmtox@utoronto.ca](mailto:undergrad.pharmtox@utoronto.ca)).