SUPERVISOR DECLARATION FORM (NON-STANDARD)



riease return	tins completed form to <u>examinations@dq.edd.ad</u> at your earnest convenience.
Supervisor na	me:
Email address	:
Phone numbe	r (including country and area code if outside Australia):
Exam Location	n:
Student Name	e(s):
DECLARATION	<u>l</u>
Declaration to	be signed by the supervisor:
<u>—</u>	I have read the University of Queensland Supervisor Instructions and I agree I can provide examination supervision according to these instructions.
	I confirm the student is not a relative, spouse, close friend or personal associate.
Signature:	Date: