

Proctored Test Request and Agreement(s)

WEST VIRGINIA UNIVERSITY AT PARKERSBURG

300 Campus Drive
Parkersburg, WV 26015
Phone: 304-424-8000

Full Name of Student: _____

Student Phone Contact Info: () _____

Student Email Address: _____

Course for which exam proctor is requested: _____

Term and Year of Course: Fall Spring Summer 20 _____

Course Instructor's name _____

Instructor's email address: _____

I would like to request that I be assisted with a proctored exam for this class on: choose one

- A. SPECIFIC DAY _____ DATE _____ TIME _____
- B. THROUGHOUT THE TERM FOR THIS COURSE

Signature of Student: _____

Date: _____

Name of Requested Proctor: _____

Proctor Organization Name: _____)

Proctor Address: _____

Proctor Phone: _____ Proctor Email: _____

I attest I am willing to be a proctor for the above exam and agree to verify student identify and self-testing. I agree to the proctor responsibilities herein attached to this agreement. I attest that I am not related to this student nor help them in completing the exam.

Signature of Proctor: _____ Date: _____

EMAIL THIS FORM TO YOUR INSTRUCTOR TO OBTAIN APPROVAL FOR A PROCTORED EXAM