

Third Party Proctored Test Request and Agreement(s)

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

To be Filled Out by Student

Full Name:	Contact Info (Phone & Email):
Course for Exam:	Term and Year of Course: Fall Spring Summer 20_____
Course Instructor's Name & Email:	

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: _____

To be Filled Out by Instructor

1. This exam must be taken before _____ or after _____ .
2. The student must provide proof of their identity through a government issued photo ID.
3. This student MAY MAY NOT use any textbooks or other written materials to complete the exam.
4. This student WILL NOT receive assistance from anyone during the course of the exam.
5. **This proctored exam is not officially accepted until the proctor notifies the instructor of its completion.**

In the event of cell phone usage and/or cheating proctors should:

Signature of Instructor: _____ Date: _____

A copy of this approval will be emailed to the approved proctor and student as evidence of approval.

Proctors: Thank you for your willingness to assist this student in the completion of their educational studies. If you have any questions, please do not hesitate to contact me.

To be Filled Out by Proctor

Name of Requested Proctor: _____

Proctor Organization Name: _____

Proctor Address: _____

Proctor Phone: _____ Proctor Email: _____

I attest I am willing to be a proctor or the above exam and agree to verify student identity 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 will help them in completing the exam

Signature of Proctor: _____ Date: _____