PROCTOR APPLICATION AND AGREEMENT

1. Please fill in the STUDENT INFORMATION and PROCTOR INFORMATION sections.
2. The completed form should be submitted to the University before taking a final exam for ANY course.
3. Make sure you keep a copy of the completed form for your records.

STUDENT INFORMATION

Name: ____________________________________________
E-mail Address: ____________________________________

PROCTOR INFORMATION

Name: ____________________________________________
Job Title/Position: __________________________________
Institution where Title/Position is held: _______________
Business Address
Street: ____________________________________________ Apt/Room #: ____________
City/Province: ___________________________ State/Country: ________________
Zip/Postal: __________________________________________
Business Phone Number: _____________________________
Alternate Phone Number: _____________________________
E-mail Address (required): ____________________________
Relationship to Student: ______________________________

PROCTOR CRITERIA

The chosen proctor will not be approved if he or she is a friend or relative of the student.

_____ School Teacher
_____ School Principal
_____ Clergy Member
_____ Human Resources Officer
_____ Workplace Supervisor
_____ Librarian
_____ Other (please specify _________________________________________)

*PLEASE NOTE: Any fees charged by the proctor will be the responsibility of the student

PROCTOR GUIDELINES

This proctor should be able to meet (at a minimum) the following guidelines:

1) The Proctor should have access to internet and email in order to access messages and/or files from the University
2) The Proctor should live in close proximity to the student and be able to monitor the exam (without interruption) in an area which is free from distraction. The exam site and time should be decided by the student and the Proctor in order to ensure that there will be ample opportunity for successful completion of the exam.
3) The Proctor must be comfortable in a position of authority and be able to ensure that the integrity of the examination process is maintained.

VERIFICATION

I, the above named proctor, hereby verify that all information on this application is true to my knowledge. I will assume my role as proctor in a professional manner and adhere to all Proctor Guidelines when administering an examination.

Proctor Signature: ________________________________ Date: ____________