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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:** _____