Proctor Agreement

Student’s Name:

Address:     City:     State:     Zip:

Phone Number:     Email:     Date:

Student Id or SSN:

Proctor Agreement (please print or type)

By signing this form, the proctor agrees to the following:

• I will identify the student by requiring a valid photo id
• I will review and follow examination instructions and rules provided
• I will be present and in view of the student throughout the examination
• I will not allow students to use unauthorized materials or take any notes from the exam site
• I am not a relative of the student, direct supervisor, employee of the student, coworker, nor live at the same address as the student
• I will personally, on a voluntary basis, administer and/or supervise the designated exam(s)
• I will report any suspected inappropriate student behavior to the testing center
• I will not reproduce, copy or print copies of the specified exam

Proctor Name:          Title:

Institution Name:

Address:     City:     State:     Zip:

Phone Number:     Email:

Proctor Signature:     Date:

Name of exam to be proctored:     Proposed test date:

Revised 01/14