Online Exam Proctor Form

STUDENT INFORMATION:

Student Name:				
(last name) (first name) (MI)				
Daytime Phone:				
Mailing Address:				
City:	_ State:	Zip:		
E-mail:				
Course and Exam Information	n			
Course: Exam Dates:				
Instructor's Name:				
			Date:	
PROCTOR INFORMATION:				
Proctor's name:		Title:		
Proctor's Address:				
			Zip:	
Proctoring Location: The example setting conducive to concentrat			ed in a quiet, well-lit office or classro	oom
Proctor Responsibilities:				
Ensure all necessary technological	gies are avail	able and working	g.	
• No copies of the exam other than the copy used for test-taking are to be made at any time.				
• Check student photo ID to ensure the examinee is actually the person scheduled for the exam.				
•	•	٠) for administering the exam. These calculator, notes, cover sheet, or scr	•
immediately. DO NOT stop the	student if they	are testing. Allo	improper conduct, notify the teacher ow the student to complete their exa d. Fill out an incident report and cor	ım and
Proctor Signature:			Date:	