
TEST PROCTORING PROPOSAL FORM

This form should be used for a distance education course in which an in-person test is required and IUP testing facilities are otherwise inaccessible to the student. The form is a proposal from the student for a testing environment that meets the faculty member's course requirements and the criteria outlined under Appropriate Exam Proctor.

The student is responsible for sending this completed proposal to the professor at least two weeks in advance of the test date.

Course Title: _____

Name of Professor: _____

Name of Student: _____ Banner ID: @_____

Student's Address: _____

Student's Phone: _____ Student's Email: _____

Date of Proposed Exam: _____ Reason for Request: _____

THIS SECTION TO BE COMPLETED BY PROPOSED PROCTOR

Name of Person proposed as Proctor: _____

Title of Proposed Proctor: _____

Address of Proposed Proctor (for mailing exam): _____

Proctor's Day Phone Number: _____ Proctor's Fax Number: _____

Proctor's Email: _____

I attest that I am not a friend or relative of the student. I attest that I can and will provide an appropriately secure environment for this student to complete the examination(s) for this course and will abide by the instructions of the professor. I further attest that I will retain the confidentiality of this examination from all persons except the professor and will return the examination strictly according to the instructions provided by the professor.

Signature

Date