

EXAM PROCTOR REQUEST FORM



Semester: (Circle)    **SPRING**            **SUMMER**            **FALL**

Year: (Circle)    **2014**    **2015**    **2016**

Student Name _____ Student I.D. # _____
Mailing Address _____
City _____ State _____ Zip Code _____
Daytime Phone # _____ Evening Phone # _____
E-Mail _____
Distance Ed Course(s): CRN: _____ Instructor: _____
<b>Student Signature</b> _____ <b>Date</b> _____

Proctor Name _____ Position/Title _____
Organization _____
Mailing Address _____
City _____ State _____ Zip Code _____
Organization Phone # _____ Organization E-Mail _____
Distance Ed Course(s): CRN: _____ Instructor: _____
Student Signature _____ Date _____

My signature certifies:

1. I will act as a proctor for the above student.
2. I am not related to nor do I have a personal relationship with the student.
3. I agree to fax or email all completed exams.
4. I will keep exam materials secure.
5. I will follow all exam guidelines set forth in the instructions that are sent to me.

Proctor Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax completed form to extension 3195 or email to [mjrodriguez02@ysu.edu](mailto:mjrodriguez02@ysu.edu)