

Testing Center Proctor Agreement Form

Distance Learning Programs



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Center for Executive and
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This form is **required** for courses that require a proctor. Complete the form in its entirety.
(If you are unsure as to whether the course requires a proctor form, please call.)

Graduate _____ Undergraduate _____

Student's Name: _____

Campus Wide ID (CWID): _____

Course Prefix(s) and Number(s): _____

I agree to serve as proctor for examinations to be administered to the individual whose name and student identification number appear above, or for all students whose are on the attached list. (Please type or print all information.) I will carefully review the guidelines for administering each exam and will certify that each exam is administered in accordance with the guidelines supplied to me. View proctor policies at:
<http://cepd.okstate.edu/dl/distance-learning-handbook-pages/proctor-policies.html>

I understand that the exams and final examination are to be sent to my attention and that I am to ensure they are held confidential until administered. I will collect the exam at the end of the specified time and will write the following statement on it: "***I have proctored this test in accordance with the specified guidelines***", sign and date it. I also verify that the academic integrity of these examinations is not compromised.

Proctor's Name/Title: _____

Testing Center Name: _____

Address: _____

City/State/Zip: _____

Work Phone: _____ Fax: _____

E-mail: _____

Proctor's Signature

Date

Semester

The Center for Executive and Professional Development reserves the right to verify a proctor's identity, require additional proof of eligibility, or require the selection of a different proctor. This Proctor Agreement may be terminated at will by the proctor, student, or the Center for Executive and Professional Development by providing written notification to all parties involved.