

Proctor Request Form

This Proctor Request Form must be completed, signed, and returned before an exam proctor can be approved.

Proctor Selection

- 1) Read the following proctor qualifications and categories.
- 2) Select a proctor who meets the criteria and is agreeable to the policies and procedures.
- 3) Complete the request form and return it, via e-mail, fax, or US Mail to:

Pest Programs Purdue University
Digital Education Stewart Center,
G-59
128 Memorial Mall
West Lafayette IN, 47907-2034
E-mail: pest@purdue.edu
Fax: (765) 496-1424

NOTE:

- Upon approval of a proctor, students may request exams to be mailed, emailed (online tests only) or faxed to the proctor. A password will be provided to the proctor for online exams.
- The proctor and student must follow exam instructions, whether taken online or on paper.
- The proctor *must meet the qualifications* listed below *and* must be selected from the categories listed.
- The proctor *may not be* related to the student in any way, may not live in the same residence, and may not be a close neighbor or friend.
- The Digital Education Office will have final approval of proctor selection.

THE PROCTOR MUST MEET THESE QUALIFICATIONS

- Hold a professional or a responsible supervisory position of employment
- Be willing to sign a certificate of compliance

THE PROCTOR MUST BE SELECTED FROM THE FOLLOWING CATEGORIES

(Please check all that apply)

1. Military testing, training, or education officer
2. Military commander or two ranks above student
3. Community or area Learning Center staff
4. Training/testing agency staff
5. College/school/institute education staff, including Cooperative Extension staff
6. Human Resources staff
7. Workplace supervisor two levels above student
8. Library staff
9. Ordained clergy
10. Law enforcement training or education office
11. Correctional institution education or administration officer
12. Hospital education coordinator

Course Name _____ Student's Name _____

Student Information

PLEASE PRINT CLEARLY

Name _____
(print name as it should appear on the Certificate of Completion)

Name of Course _____

E-mail address _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Certification / License # _____

Signature _____ Date _____

Proctor Information

PLEASE PRINT CLEARLY

Name _____ Certification / License # _____

Street Address _____

City _____ State _____ Zip Code _____

Title, position, or rank _____

Place of employment _____

Work phone _____

E-mail address _____ Fax _____

How are you acquainted with the student? _____

Exam Location

The student and proctor must procure a site appropriate for testing. Exams are not to be administered in a home unless given special exception due to mobility limitations or special needs.

Return to:

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I have read and agree to follow the guidelines listed in this document. I agree to comply fully with examination instructions and proctoring guidelines. I find the policies, procedures, instructions, and arrangements agreeable.

Proctor's Signature _____ Date _____



Digital Education