Proctor Information Form

Please complete this form, including all the necessary proctor verification documentation located on page 2. Fax (814-863-9667) or email (undergrad@math.psu.edu) it to the Mathematics Department, Undergraduate Office.

Student Name: ___________________________ PSU ID: ___________________________
Phone: ___________________________ Email: ___________________________
Course(s): ___________________________ ___________________________ ___________________________

PLEASE TYPE OR PRINT NEATLY ALL REQUESTED INFORMATION

Proctor Information (Relatives and friends are not suitable proctors)

Name: ___________________________ Position/Title: ___________________________
Business/Library/School Name: ___________________________
Business/Library/School Website: ___________________________
Business Address: ___________________________
Street ___________________________ (City) ___________________________ (State) ___________________________ (Zip)
Business Phone Number: (_____)__________ Area code Phone Number
Email Address: ___________________________

Please note: The proctor’s email address MUST be a business email address. Any Yahoo, Gmail, Hotmail, or other similar web-based email addresses will be subject to administrative approval.

To be read and signed by the proctor.

- I do hereby agree to administer the exam to the student listed above and to monitor the student (and computer screen if online) continuously during the exam.
- I will also adhere to the specific proctor rules, which will be provided with each exam.
- I agree to provide the student with a quiet, distraction free environment for taking exams and verify the identity of the student with a valid photo ID.
- I agree to provide adequate exam security.
- Tests must be taken within an educational or professional setting. Residential settings are not acceptable.
- All proctors must be verified with their stated organization or institution and have a work related email address.

Proctor’s Name Printed_______________________________
Proctor’s Signature ___________________________ Date ___________________________

Signature certifies that the enclosed verification information is authentic and complies with corresponding guideline(s) listed on the following page.