

**University of West Florida
PROCTOR APPROVAL APPLICATION**

Section A. (To be completed by the student)

1. Student Contact Information

Name: _____ Daytime phone number: _____
Email address: _____ Evening phone number: _____

2. Course Number(s), Instructor(s), & Fax # **Course Number(s), Instructor(s), & Fax #**

3. Semester and Year: Fall 20____ Spring 20____ Summer 20____

4. The proctoring service or individual that I am submitting for approval is (check all that apply):
 An education officer or librarian at a community college, university, elementary or secondary school
 A testing administrator at a college, university or private testing service
 A military Learning Center or military officer of a higher rank than the above-named student
 Other: _____

5. Fill in the proctor's or testing center Director's name and organization (e.g., Leon County Public Library, Brevard Community College, Sylvan Learning Center):
Name: _____ Organization Name: _____

6. I, agree to the following: (1) to locate a proctor or testing center and set up an appointment for my course exam(s), according to published dates; (2) to arrange for fee payment for the proctoring services, if any; and (3) to submit this form to the proctor for completion and to provide him/her the instructions. The information in Section A is correct to the best of my knowledge.
Student Signature: _____ Date: _____

Section B. (To be completed by the proctor or testing center director)

1. Proctor/Testing Center Director Name: _____ **Phone Number:** _____ - _____
Organization: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

2. Please check YES or NO for the following statements:
 Yes No My contact information may be made available to UWF students
 Yes No Fees are assessed to students for services associated with proctoring testing

3. I certify that: (1) I will uphold the UWF Academic Conduct Standard that includes any and all forms of cheating, e.g., falsely impersonating another student to gain access to the exam, assessing exam aids not permitted by the instructor, giving or receiving assistance of any kind during the exam, and/or attempting to leave the exam area with questions or answers. (2) I have internet access or email at the testing site that will allow me to download or receive PDF files and print them. The information in Section B is correct to the best of my knowledge.

I agree to Fax this form to the Instructor of Record for each course in Section A

FAX: (850) _____ - _____ Email: _____ : Phone: (850) _____ - _____

Proctor/Testing Center Director Signature: _____ Date: _____
