Vernon College Off-Site Testing Proctor Agreement

Instructor/Course Information *Instructor should complete this section:* Semester_____ Class_____ Instructor____ Instructor Email Instructor Phone Instructor Fax_____ **Student Information** Student Phone Student Phone Student ID______ Student Email _____ **Proctor Information** *Testing Proctor should complete this section:* A test can be proctored by college or commercial testing center personnel, a librarian from a college or local public library, or training department in your company. Proctors should not have a conflict of interest, i.e. be a close personal friend, relative, or supervised employee. Proctor______ Proctor Phone____ Proctor Fax______ Organization Address_____ Proctor Agreement Statement -As an exam proctor, I will proctor the agreed upon test for this Vernon College student. Following contact from the instructor, I will carefully review all test instructions, verify the identity of student with a picture ID, and certify that each test be administered in accordance with the guidelines given. Dates, times, and conditions for administering the exam will be coordinated in advance with the instructor. I agree that all tests will remain confidential until administered to the student. Upon completion, the complete exam will be submitted to the instructor at Vernon College as instructed. _____ Date_____ Proctor Signature_____ Please sign and return to the instructor above.

Revised 05/24/2021