Vernon College Off-Site Testing Proctor Agreement

**Instructor/Course Information**

_Instructor should complete this section:_

Semester_________________ Class________________ Instructors_______________________________

Instructor Email_________________________________________ Instructor Phone_________________________

Instructor Fax____________________________________________

**Student Information**

Student_______________________________________ 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____________________________

Title__________________________________________ Proctor Fax______________________________

Organization __________________________________________________________________________

Organization Address_________________________________________________________

Proctor Email____________________________________

**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.

Proctor Signature______________________________________ Date__________________________

Please sign and return to the instructor above.

Revised 05/24/2021