

Proctor Form

Course and Student Information (please complete all information)	
Name of Course(s):	
Name (Last, First MI)	Date of Birth
Address	
Phone Number	Email Address
Proctor Information (please complete all informa Name (Last, First MI)	be completed by proctor tion)
Job Title/Position	Organization
Address	
Phone Number	Email Address
Instructions to proctor: Please complete and retu	urn this form to proctor@oncourselearning.com
I understand and acknowledge that:	
	ration of this examination. I am not related by blood, t, which would influence me from properly administering
2. The student will show me positive photo ident	ification prior to beginning the examination.
3. The student will not receive any assistance and material.	d have no access to books, notes or reference
4. The examination will not be compromised, cop	pied, or recorded in any way or by any method.
	vant state requirements for a proctoring location and that qualifying under such state requirements and approved by
Signature of Proctor	Date