



Pre-Approved Test Proctor Form

This form must be completed by the student and proposed test proctor at least two weeks prior to the first exam and returned to the instructor. Proctors may be a superintendent, principal, or employer/supervisor. Other school administrators may serve as proctors providing approval is obtained. Upon approval of the proctor, future exams will be mailed to the proctor along with a blue proctor verification form to be completed by the proctor at each examination period.

To be completed by the student:

Date: _____ Course: _____
Student's Name: _____ EMPLID: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Email: _____



To be completed by your proposed test proctor:

I hereby agree to serve as a test proctor for the above named student. I will provide a quiet atmosphere for the student to write the exam, will monitor the student during the assessment period, and will mail the completed test along with the test proctor verification form to the instructor.

Proctor's Name: _____
Title: _____ Work Phone: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____
Email: _____
Testing Site: _____
Proctor's Signature: _____ Date: _____



To be completed by your instructor:

I ___ approve / ___ disapprove this proctor.

Instructor's Signature: _____ Date: _____