



PROCTORED EXAM VERIFICATION

**THIS FORM MUST BE COMPLETED AND RETURNED ALONG WITH THE (COMPLETED) EXAMINATION.*

STUDENT NAME: _____

COURSE NAME: _____

COURSE NUMBER: _____

PROCTOR NAME: _____

PROCTOR EMAIL: _____

NAME OF EXAMINATION: _____

DATE EXAMINATION ADMINISTERED: _____

TIME EXAMINATION STARTED: _____

TIME EXAMINATION FINISHED: _____

LOCATION OF ADMINISTERED EXAMINATION: _____

(FOR EXAMPLE- OFFICE, LIBRARY, PROCTOR'S OFFICE, CONFERENCE ROOM ETC.)

PROCTOR GUIDELINES:

PLEASE CHECK THE FOLLOWING GUIDELINES THAT YOU ADHERED TO:

___ I VERIFIED THE STUDENT'S IDENTITY.

___ I DID NOT ALLOW THE STUDENT TO HAVE ACCESS TO THE EXAMINATION PRIOR TO TAKING IT.

___ THE STUDENT DID NOT USE ANY RESOURCES, UNLESS INSTRUCTED TO IN THE DIRECTIONS OF THE EXAMINATION.

___ THE STUDENT DID NOT COPY DOWN ANY QUESTIONS TO TAKE FROM THE EXAMINATION ROOM.

___ THE STUDENT ADHERED TO THE TIME LIMIT RESTRICTIONS.

PROCTOR STATEMENT OF VERIFICATION:

I, THE ABOVE NAMED PROCTOR, HEREBY VERIFY THAT I HAVE SUPERVISED THE ADMINISTRATION OF THIS PARTICULAR EXAMINATION. THE ABOVE NAMED STUDENT HAS COMPLETED THIS EXAMINATION FOLLOWING ALL REGULATIONS AS OUTLINED IN THE SPRING 2008 DISTANCE LEARNING PROCTOR COMMITMENT FORM.

PROCTOR NAME: (PRINT) _____

PROCTOR SIGNATURE: _____

DATE OF EXAMINATION: _____

STUDENT STATEMENT:

I, THE ABOVE NAMED STUDENT, HEREBY VERIFY THAT I HAVE INDEPENDENTLY COMPLETED THIS EXAMINATION UNDER THE SUPERVISION OF MY DESIGNATED PROCTOR. I COMPLETED THIS EXAMINATION WITHOUT THE USE OF ANY BOOKS, NOTES, OR ITEMS, EXCEPT THOSE SPECIFICALLY PERMITTED FOR USE DURING THIS PARTICULAR EXAMINATION.

STUDENT NAME: (PRINT) _____

STUDENT SIGNATURE: _____

DATE OF EXAMINATION: _____