



INSTRUCTIONAL TELEVISION

Course #1 Name and Section # _____

Course #2 Name and Section # _____

Proctor Agreement Form

Student Information

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Social Security#: _____

As a student, I agree to the following:

- To locate a proctor and to set up an appointment for the midterm or final exams.
- To be responsible for reimbursing the proctor for mailing costs.
- To take the exams by the assigned due date.

Signature: _____ Date: _____

Proctor Information

Last Name: _____ First Name: _____

Institution: _____ Title: _____

Phone Number: _____ Mailing Address: Home Business

Street Address: _____

City: _____ State: _____ Zip Code: _____

As a proctor, I agree to the following:

- I am an education official/librarian or a teacher at a university, community college, elementary/secondary school, or education director at an institution. I have indicated my title and institution. I am not a relative of the student whom I will proctor.
- I will proctor the examination(s) and will personally supervise the student during the entire testing time.
- I will personally mail the completed exam back to Instructional Television, Los Angeles Mission College by the assigned due date.

Specific instructions for supervising the exams will be included in the EXAM PACKET. Please indicate below which exams you agree to proctor.

_____ Midterm Examination _____ Final Examination _____ Other

Proctor Signature: _____ Date: _____

REMINDER: Both student and proctor(s) should make copies for your records. Mail or Fax to Instructional Television.

Instructional Television
13356 Eldridge Avenue
Sylmar, CA 91342

Phone: (818) 833-3594
Fax: (818) 833-3598