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.