Remote Proctor Agreement Form

Student Name: ________________________________

Proctor Name: __________________________________________

Title: __________________________________________

Institution/Affiliation: ________________________________

Phone: ______________________ Email: ______________________

Address: ________________________________

Job Title: __________________________________________

Relationship to the Student: ________________________________

Proctor Responsibilities:
• Verify student's identity by checking government-issued photo ID
• Do not allow student to bring resources (notes, books, calculator, etc.) into the exam room unless indicated as permitted on cover sheet
• Administer the exam exactly as directed on cover sheet, ensuring proper timing
• Provide constant supervision for the entirety of the examination
• Do not share test password (if applicable) with student
• Ensure that all test papers, including scratch paper, are collected after testing concludes
• Scan and email paper tests back to our office within 24 hours of completion. Email: OLtesting@uah.edu Please retain the completed hard copy in a LOCKED filing cabinet for two weeks.

"I agree to carry out the responsibilities of a proctor as stated above."   YES   NO

Proctor Signature ___________________________ Date ____________