

UNIVERSITY OF ARKANSAS-RICH MOUNTAIN

PROCTOR APPROVAL REQUEST

STUDENT INFORMATION

Student ID Number _____

I, _____, request that _____

(Student Name)

(Proposed Proctor Name)

be approved as my examination proctor for University of Arkansas-Rich Mountain course

(Course Number and Course Name)

(Student Signature)

(Date)

Proctor Information

(First Name)

(Middle Initial)

(Last Name)

(Business / Mailing Address)

(City)

(State)

(Country)

(Zip Code)

Current Employer: _____

Proctor's title/rank: _____

Business Phone: (_____) _____

E-Mail Address: _____

Office Hours that proctor can be reached: _____

Proctor's relationship to the student examinee: _____

I do hereby agree to administer the University of Arkansas-Rich Mountain course examination. I understand that the faculty will provide information about the date(s) for the exam(s), time allowed for taking the exam and other exam restrictions.

I understand that the student will pay any fees associated with administration of the examination.

I agree to provide security of the examination while in my possession. I understand the verification of my employment and credentials may be requested.

I certify that I am not related to the student by blood or by marriage.

I agree to ensure positive identification (photo ID) of the student.

(Proctor Signature)

(Date)