

PROCTOR FORM

Please fax or email

Course Name or Code: _____

Name of Instructor: _____

Name of Student: _____

Date of the Exam(s): _____

Time of Exam(s): _____

Computer Requirements: Yes No

If Yes, please check items required:

- Internet Connection (for access to blackboard)
 Other _____

PROCTOR INFORMATION:

Proctor's Name: _____

Proctor's email address: _____

Proctor's title/position: _____

Relationship to Student: _____

SHIPPING INFORMATION [if applicable]:

(a daytime address for shipping the exam by courier – so that the Proctor will receive it in a timely manner)

Company Name: _____

Street Address/Room No.: _____

City/Postal Code: _____

Telephone No: _____

I WILL PROCTOR THIS EXAMINATION AS PER THE MICHENER INSTITUTE'S INVIGILATION **POLICY** AND AGREE TO MAINTAIN CONFIDENTIALITY OF THE EXAMINATION. I UNDERSTAND THAT IF I DO NOT UPHOLD THESE POLICIES, THE EXAMINATION WILL BE INVALID AND THE STUDENT WILL BE REQUIRED TO RE-SIT THE EXAM.

DATE

SIGNATURE OF WITNESS

ELECTRONIC SIGNATURE – BY CHECKING THIS BOX I CERTIFY THAT I KNOW THE PROCTOR

DATE

SIGNATURE OF PROCTOR

ELECTRONIC SIGNATURE – BY CHECKING THIS BOX I ACKNOWLEDGE HAVING READ AND AGREEING TO THE ABOVE STATEMENT

LOCATION:

(Please specify below where the exam will take place) check box, if the exam location is the same as the shipping info.

Company Name: _____

Street Address/Room No.: _____

Telephone No: _____

NOTE: THE EXAMINATION IS PROPERTY OF THE MICHENER INSTITUTE. NO PART OF THIS EXAMINATION MAY BE REPRODUCED WITHOUT WRITTEN PERMISSION.