

Veritas International University Proctor Form

UNIVERSITY							
Student Name:		Studen	nt ID:		Date:		
Address:							
City:			State:		Zip:	Zip:	
Email:		Pho	ne:				
Course Number:	Course Title:				Professor:		
or any other testing needing academic accountability ma			r any other te be taken with u. This persor PROC • F PROC • F • E • E	days in advance of the scheduled date to VIU by email to any other testing needing academic accountability. No exam, quite taken without first submitting a proctor form. Select any person. This person must meet at least one of the following criteria: PROCTORS MAY NOT BE: Any relative of the student Fellow student at VIU PROCTOR RESPONSIBILITIES: Provide a quiet location to administer the exam Enter contact information to receive check-in code for student's exam login online The exam must be completed in 3 hours or less Proctor will receive check-out code once student has completed the exam			
PROCTOR INFORMATION: Name of Proctor:			Are yo	Are you related by blood or marriage to the student? YES \square NO \square			
Occupation:			Age		Phone Number:		
"I agree as a Proctor to administer an exam to the student named above in a secure and quiet location, not to exceed 3 hours in length. If the exam is a hardcopy, I agree to email the completed exam to VIU."				Date and time of scheduled exam: Email Address:			
Signature		Date					