

TTU Math Proctor Approval Form

I To be completed by Student

Student Contact Information

Name _____ Email _____
Phone _____ Semester and Year _____
Online Math Course Name _____ Course Number _____

The proctoring service or individual that I am submitting for approval is (check all that apply):

- ☐ A testing administrator at a college,/university
☐ A military Learning Center or military officer of a higher rank than the above-named student

Fill in the proctors or testing center directors name and organization

Proctor/Testing Center Director Name _____

Organization Name _____

I, the student named above, agree to the following: (a) to locate a proctor or testing center and set up an appointment for my course exam(s), according to published dates; (b) to arrange for fee payment for the proctoring services, if any.

Signature

Date

II To be completed by Proctor or Testing Center Director

Proctor/Testing Center Director Name

Area Code/ Phone Number

Organization

Address

City/State/Zip

Email Address

☐ YES ☐ NO Fees are assessed to students for services associated with proctored testing.

I certify that (for the student named above): (1) I do not have any conflict of interest; (2) I agree to serve as an exam proctor subject to the testing guidelines of the TTU Department of Mathematics and Statistics. The information in Section II is correct to the best of my knowledge.

Signature

Date