



Proctor Agreement Form

This form must be completed, signed and returned to spearsdistance@okstate.edu before an exam can be distributed. **Disregard this form if testing with instructor at an on-campus location. Proctors cannot be coworkers or subordinates, family members, friends, personal tutors, or anyone with a potential conflict of interest. The distance learning office reserves the right to verify and deny any proctor for reasons we deem necessary with the goal of ensuring academic integrity.** Review the course syllabus to determine if the exams are to be proctored.

Before continuing, review proctor policies and procedures at <http://spears.okstate.edu/distance/guide/policies>.

Additional software may be required to download for online exams. Ensure your testing center or proctor does not have any technical or security issues with additional software. The Distance Learning office will e-mail instructions and/or paper exam to the testing center proctor as soon as they are made available. Student should schedule a time with a proctor to take the exam.

Student's Name: _____ CWID: _____
(campus wide id)

If Military, Rank: _____

Email Address: _____ Phone: _____

Select a semester: SU ____ yr FA ____ yr SP ____ yr or Academic Year _____
(ex: SU14, FA14, SP15)

Check if proctor will be used only once (ex: out of town on business, etc.) Specify course(s) (ex: MGMT 4513.503) _____

By checking, I agree to serve as proctor for examinations to be administered to the individual whose name appears above. I agree to carefully review the guidelines for administering each exam and certify that each exam is administered in accordance with the guidelines at <http://spears.okstate.edu/distance/guide/policies>.

By checking I understand the exams or exam instructions will be sent to my attention and that I am to ensure they are held confidential. If the exam is paper based I will collect the exams at the end of the specified time, and send back with the cover sheet provided. I also verify that the academic integrity of these examinations will not be compromised.

Proctoring Institution: _____

Proctor's Name: _____ Relationship to Student: _____
(No Co-Workers, family or friends)

Title: _____ If Military, Rank: _____
(Must be of a higher rank than the student)

Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ E-mail: _____
(only business e-mail is acceptable)

Proctor Signature _____

Date _____

The Spears School of Business Distance Learning office and/or course instructor reserves the right to require additional proof of eligibility, or require the selection of a different proctor. This form may be terminated at will by the proctor, student, or the Distance Learning office by providing written notification to all parties involved.