



## PROCTOR ACCEPTANCE FORM

I agree to serve as proctor for the semester examination of the student listed below. I certify that I am not related to the student. I prefer the examination/honorarium (if applicable) to be sent to:

**Proctor: (please print)**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Proctor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Educational Background: (List last college attended)**

College	City/State	Year Graduated	Type of Degree	Major
_____	_____	_____	_____	_____

**Note:** When the student completes the required coursework, a sealed examination will be sent to you. The exam is a timed, open book exam usually 5-6 hours and must be administered in one sitting within three weeks of receipt. If you change your address, please notify the student so that he/she may contact the Center.

It is imperative that you are able to be present for the entire exam. The exam cannot be given to the student prior to the scheduled sitting. The exam cannot be duplicated under any circumstances. Failure to abide by all proctoring procedures could result in an invalid exam for the student.

**Note to Student:**

Due to increased costs for the preparation and administration of the proctored examination, there is a \$25 fee required. This is effective for all enrollments. If applicable, the fee should be included with this form in order to assure proper exam processing. It can however, be paid up to the time the exam is taken.

I have briefly explained what is expected of a proctor and certify that the candidate listed above is not related to me.

Student Signature \_\_\_\_\_ Phone \_\_\_\_\_

Student Number \_\_\_\_\_ Student Name \_\_\_\_\_

Address \_\_\_\_\_

This form may be faxed or mailed to Penn Foster.