

CHANGE OF PROCTOR ACCEPTANCE FORM

TO BE COMPLETED BY THE PROCTOR:

Complete mailing address for examination: (Include apt. #, business name, etc.)
 Please print clearly:

Name _____

Complete Mailing Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ Email Address _____

As a proctor I agree to:

- Verify contents of exam package and secure exams until day of testing
- Contact student to schedule testing when I have received the exams.
- Administer exam within 3 weeks of receipt of proctor exam package.
- Document identification of student at time of exam.
- Supervise student during scheduled exam.
- Adhere to time limits and complete verification of time on folder.
- Return all original exams and answer sheets to proctor department within 48 HOURS after exam is completed.

I understand and agree to carry out the proctor responsibilities. I certify that I am not related to the student.

Proctor Signature _____ Date _____

Educational Background: (List highest degree achieved)

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

FAX to 570-961-4169 or email to proctoracceptance@pennfoster.edu and include "Proctor Form" in subject line.

TO BE COMPLETED BY THE STUDENT:

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

Student Signature and Date _____

Student ID Number _____

Student Address _____

Student Name _____