



CHANGE OF PROCTOR ACCEPTANCE FORM VETERINARY TECHNICIAN

I agree to serve as a proctor for the semester examination of the student listed below. I certify that I am not related to the student and I am not the student's classmate or employee.

Proctor Information (Please print)

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number (_____) _____

Email Address _____

Proctor Signature _____ Date _____

Educational Background:

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

NOTE: When the student completes the required coursework, a sealed proctored examination will be sent to you. The proctored examination is a combination of timed, closed-book and open-book exams (usually 5 to 6 hours). The students may use their textbooks for the general education courses but may not use any textbooks for the veterinary technician courses. The proctored examination 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 college. 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 or exam answers cannot be duplicated under any circumstances. Failure to abide by all proctoring procedures could result in an invalid exam for the student.

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

Note to Student:

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

Student's Signature and Date _____

Student ID Number _____

Student Name _____

Student Address _____
