

***All proctor forms are subject to verification**

PROCTOR STATEMENT - Domestic

Student Information

Name _____ CWID _____

Proctor Information

First Name _____ Last Name _____

Employer _____ Title _____

Email Address _____ Telephone _____

Email addresses cannot be personal emails (Yahoo, Gmail, AOL, etc.) but must reflect the university's web domain. Email addresses are not sufficient as verification.

Does the proctor know the student? If so, how does proctor know this student? *(co-workers, supervisor, friends, students, family, personal tutors, or anyone with a potential conflict of interest will NOT be approved).*

I acknowledge that as a proctor for the student named above I am accepting the responsibility of insuring the academic integrity of Oklahoma State University (<http://academicintegrity.okstate.edu/>). I am neither related to the student named above, nor do I have a conflict of interest in serving as a proctor. A conflict of interest includes any relationship with the student that could affect the academic integrity of the testing process. I understand that failure to identify such conflicts may result in the student receiving a charge for a violation of Oklahoma State University's academic integrity policy and a grade of "F!" for the course.

I agree to personally administer the test(s) to the above named student and I will not leave the student unsupervised during the exam administration. I will carefully review the guidelines for administering each test and will certify that each test was administered in accordance with the guidelines supplied. I further understand that this is a voluntary nonpaying position unless arrangements are made between the student and proctor. I agree to personally submit the test to Oklahoma State University pursuant to the policies of the CEAT Distance Education Office and course instructor. I understand that the tests and final examination are to be sent to my attention and that I am to ensure that they are held confidential. I agree to verify proof of student identification, to monitor the examination, and verify that the academic integrity of this examination is not compromised. I will collect the test at the end of the specified time and return according to the instructions received with the test. I will store the completed test in a secure location until the end of the semester, at which time I will shred/destroy the test.

By signing this agreement, I represent that the above information is correct.

Proctor Name (Signature) _____

Proctor Name (Printed) _____ Date _____

Student Signature _____ Date _____

Return this form to:

Pam Moore
Engineering Distance Education
101 Engineering North, Stillwater, OK 74078-5023
Phone: 405-744-5146, Fax: 405-744-5033
Email: pam.moore@okstate.edu
Web: ceatde.okstate.edu