

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

INTERNATIONAL PROCTOR STATEMENT

Student Information

Name _____ CWID _____

Proctor Information

First Name _____ Last Name _____

Employer _____ Title _____

Email Address _____ Telephone _____

ONLY an official university testing center or a verifiable Associate Professor may serve as a proctor. If the proctor is a professor, a written statement on the college's letterhead and signed by an official representative will be required, or must be verifiable through the university's web site. *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, supervisors, 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, OSU 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