

Proctored Test Request and Agreement
WEST VIRGINIA UNIVERSITY AT PARKERSBURG
300 Campus Drive
Parkersburg, WV 26104
Phone: 304-424-8000

Full Name of Student: _____ Student ID _____

Student telephone: (____) _____

Student email address: _____

Course for which exam proctor is requested: _____

Term and Year of Course: Fall Spring Summer 20_____

Course instructor's name _____

Instructor's email address: _____

I would like to request that I be assisted with a proctored exam for this class on (Choose one):

SPECIFIC DAY: _____(DATE) _____(TIME)

THROUGHOUT THE TERM FOR THIS COURSE

Signature of Student: _____

Date: _____

Name of requested proctor: _____

Proctor organization name: _____

Proctor address: _____

Proctor telephone: _____ Proctor email: _____

I am willing to be a proctor for the above exam and agree to the proctor responsibilities herein attached to this agreement. I attest that I am not related to this student nor will I help them in completing the exam.

Signature of Proctor: _____ Date: _____

EMAIL THIS FORM TO YOUR INSTRUCTOR TO OBTAIN APPROVAL FOR A PROCTORED EXAM