

Proctor Agreement Form

TO BE COMPLETED BY THE STUDENT

This form must be completed and returned by the date your instructor indicates and BEFORE an exam can be distributed and/or administered. Proctors cannot be co-workers or subordinates, family, friends, personal tutors, or anyone with a potential conflict of interest. Eastern Oklahoma State College reserves the right to verify and deny any proctor for any reasons we deem necessary with the goal of ensuring academic integrity. Review the course syllabus to determine if exams are to be proctored and to review our Academic Ethics Policy.

Your instructor will send an email with instructions, a password and /or paper exam to the designated proctor as soon as they are made available. The student is responsible to schedule a time with a proctor to take the exam. Be sure to compare the proctor's schedule with the time(s) that your instructor has made the exam available.

Student's Name: _____ EOSC ID # _____

Email Address: _____ Phone: _____

Course/ Course number / Instructor: _____
(ex: College Algebra /MATH-1513 / Sorrell)

Semester: SU ____ yr FA ____ yr SP ____ yr (ex: SU '17, FA '17, SP '18)

**Are you proctoring at an EOSC site? Check one: Wilburton ____ McAlester ____ Idabel ____ Antlers ____

IF YOU ARE PROCTORING AT AN EOSC SITE, this form is complete. Please submit this to your professor.

IF NOT, and you are proctoring off-campus, you must have your off-site proctor fill out the bottom half of this form.

TO BE COMPLETED BY THE OFF-SITE PROCTOR

I agree to serve as the off-site proctor for examinations to be administered to the individual whose name and student information appear above, or for all students who are on attached list (please type or print each student's name, student ID #, email and phone number). I will carefully review [Eastern's academic policies and procedures](#) and the instructor's guidelines for administering each exam (Testing Center Checklist for each test will be sent from each instructor). I understand that the exams are to be sent to my attention and that I am to ensure they are held confidential. **I also verify that the academic integrity of these examinations will not be compromised.**

Name of Proctoring Institution: _____

Proctor Contact Name & Title _____

Business Address: _____

City, State, Zip: _____

Work Phone: _____ Fax: _____

Email (business email only): _____ Relationship to proctor: _____

(Co-worker, subordinate, family, friends, etc. are not permitted)

_____ (Proctor Signature) _____ (Date)

**Eastern reserves the right to verify a proctor's identity, require proof of eligibility, or require selection of a different proctor. The Proctor Agreement may be terminated by instructor, student, and/or proctor by providing written notification to all parties involved.

STUDENT MUST SHOW PHOTO ID VERIFICATION WHEN TESTING.

THIS FORM IS TO BE EMAILED BY YOU, the off-site proctor, to proctor@eosc.edu with 'Proctor Agreement Form' in the Subject Line please. If you have any questions, please send these via the proctor@eosc.edu email address as well. Thank you.