



Application for Off-Campus Test Proctor

Student: Please complete this portion and send the form to your proctor.

Name of Student: _____

Student ID Number: _____

AU Email Address: _____

Phone: _____

Course/Exam: _____

Scheduled Testing Date: _____

I, the student agree to the following: (1) to locate a proctor or testing center and set up an appointment for my exam(s); (2) to arrange for fee payment for the proctoring services. If any; and (3) to submit this form to the proctor for completion.

Student Signature: _____ Date: _____

Proctors may not be a peer, friend, colleague, or family member.

Proctor: Please complete this portion of the form and return to the email or fax given below.

Name of Proctor: _____

Professional Affiliation: _____

Address: _____

Relationship to Student: _____

Email Address: _____

Work Phone: _____

Fax Number: _____

Please sign and return this form, if you are willing to act as a proctor for this exam. By signing this form you certify that you are not a peer, friend, colleague, or family member of the student, and that you will maintain the academic integrity of the exam by verifying the student's identity and monitoring the student during the exam.

Proctor Signature: _____ Date: _____

Please return this form to tds@augusta.edu or (706)729-2298.

We will send the required testing information and materials to the address you provided above. Please be sure to communicate the information to alternate proctors as needed in your office.