

DIXIE STATE UNIVERSITY - PROCTOR REQUEST FORM

Request forms must be submitted a minimum of two days in advance of any scheduled exam.

All proctor sites must be approved before a test is sent. Please begin looking early and plan accordingly. DSU prefers the use of College or University Testing Centers. Other proctor sites such as a public library can sometimes be used (Generally only considered if there is not a testing center **within 50 miles**) but may require additional approval.

Section A: TO BE COMPLETED BY STUDENT

1. Name: _____ DSU Student ID #: _____
Phone: _____ Email: _____
Instructor _____ Exam # _____ Course _____ Section # _____
- I, _____ confirm that the proctor I have chosen conforms to the guidelines of approved proctors established by Dixie State University.
2. I am responsible for any fee, if applicable, for proctoring services.
3. The information provided on this form is accurate.
4. Student Signature (required) _____ Date: _____

Section B: TO BE COMPLETED BY THE PROCTOR

1. Proctor's Name: _____ Proctor's Position: _____
Organization: _____
Business Address: _____
Business Phone: _____ Business Fax: _____
Business Email (Must be an official account ending in *.edu* or *.org*): _____
2. Proctor MUST confirm/agree to all items by checking the box or they cannot be approved
- I confirm that I am able to ACTIVELY monitor the exam(s).
- I confirm that I am not in any way related to the student, nor am I a friend, roommate, neighbor, church official, current teacher, coach, employer, supervisor, or coworker.
- I agree that I will administer the exam(s) in accordance with the instructions provided by DSU. I will not allow the student to use personal electronics of any kind (computer, phone, watch, etc.), notes, dictionary, textbooks, or any other materials that are not specifically listed as allowed in the instructions. I understand that the student is not to have contact with other students/individuals while taking their exams.
- I will not at any time disclose an exam password to a student and will monitor the student to ensure that no unauthorized websites are accessed during an exam.
3. I certify that all of the information that I have provided is accurate.
- Proctor Signature (required): _____ Date: _____

Section C: TO BE RETURNED TO DSU TESTING SERVICES ONLY AFTER SECTIONS A & B ARE COMPLETED

Fax to: (435) 656-4016

Email: proctor@dixie.edu

Mail: Dixie State University
Testing Services
225 South 700 East
St. George, UT 84770

Phone: (435) 652-7692