By my signature, as a student of Gadsden State Community College, I agree to be responsible for the following:

- locating a proctor (exam supervisor)
- scheduling an appointment for the exam
- providing a picture identification or a Gadsden State Student ID when taking the test

Student Signature ___________________________    Date ____________________
PROCTOR AGREEMENT

Please select from the following to indicate that you are:

- an education official, librarian, counselor, or instructor at a community college, university, or secondary school.
- a Librarian at a local or regional library
- a testing administrator or an educational services officer for the military

I agree to the following:

- I am not related to the student.
- I do not have a conflict of interest with the student.
- I will keep the exam secured until test time.
- I will verify the identification of the student.
- I will personally observe the student throughout the entire examination unless otherwise noted in the exam instructions. I will not provide assistance in interpreting or completing the exam.
- I will enforce the guidelines/instructions listed for each exam. I understand that the student may not talk with anyone during the course of the exam and may use only those materials indicated on the exam instructions. Once an exam is started it must be completed. If the student stops before completing the exam, the exam must be taken up and returned to the instructor.
- I will not copy or reproduce the exams under any circumstances.
- Upon the conclusion of the time allotted for the examination, I agree to:
  - collect all examination materials
  - return the completed test and/or answer sheet according to the instructions provided by the instructor within 24 hours.
- I understand that I will not be compensated for this service.

Proctor’s Name __________________________________ Date _________________________________
(PLEASE PRINT)

Institution/Work___________________________________ Job Title _____________________________

Street Address_________________________________________________________________________

City ________________________________________  State __________________ Zip Code _________

Daytime Number _______________________________ Fax # _________________________________

Area Code + Number  Area Code + Number

Organizational Email (required) __________________________________________________________
(tests/passwords will not be sent to personal emails)

Student’s Name _______________________             Student’s G # ______________________________

By my signature, I understand and agree to the conditions to proctor the test according to the procedures listed.

Proctor’s Signature _________________________________________   Date _________________________________

PLEASE RETURN BOTH ORIGINAL FORMS TO:

Gadsden State Community College
Teaching & Learning Center
Allen Hall P. O. Box 227
Gadsden, AL 35902
FAX 256.549.8404