

Proctor Eligibility and Responsibilities Agreement Form

To be completed by University of Louisville Student Requesting Proctor

Instructor Name: _____

Instructor Email: _____

Name of Student Requesting Proctor: _____

To be completed by the proctor

Name: _____

Professional email address: _____

Place of employment: _____

Job title: _____ Work phone: _____

I am one of the following (please check the appropriate box):

- UofL faculty or education administrator
- High school superintendent, supervising principal, principal, or intermediate unit administrator
- Regionally-accredited faculty or education administrator
- Elementary or high school teacher, or school librarian
- Librarian
- Military superior
- Other (please describe): _____

Do you work at a testing facility? Yes No

Do you have a quiet, observable space for testing? Yes No

Do you have computers with access to the Internet if student is taking an online exam? Yes No

Can you monitor the student for the duration of the exam? Yes No

Does your facility have a website with more information about your service? Yes No

Please provide URL: _____

Are you related to or close friends with the student? Yes No

Are you the student's coworker or direct supervisor? Yes No

I agree all the information I have provided here is accurate and agree to follow all instructions sent to me with the exam(s).

Please return a signed copy of this document to the instructor via email.

Signature: _____

Date: _____