

APPENDIX E– EXAM PROCTORING APPLICATION

Name of Student: _____

Address (street, city, state, zip): _____

Phone Number: _____

Email Address: _____

Name of School/Institution Issuing Exam: _____

Name of Teacher/Testing Center Administrator: _____

Phone Number: _____

Email Address: _____

Course Number/Title: _____

Is the exam closed book/closed notes? (circle one) Yes/No

If no, what materials are allowed? _____

Any additional requirements of the proctored exam: _____

I have read the attached Morris Area Public Library District’s (the Library) Proctoring Policy. I agree to be responsible for and to pay all fees associated with the Library’s proctoring service. I agree to contact the Library as soon as possible if I am unable to keep a proctoring appointment. I understand that the Library is not responsible for mail service delays and does not provide a receipt of mailing. I understand that the Library will not retain any copies of the testing materials. I understand that prior proctoring arrangements do not indicate an ongoing partnership and each proctoring instance is determined on a case-by-case basis. I agree to comply with all other proctoring guidelines as laid out in the Library's Proctoring Policy.

Signature of Student

Date

STAFF USE ONLY

Date: _____ Time: _____ Fee charged? Y/N Staff proctoring: _____