

Appendix	Public Policy and Procedure Manual Approving Authority: Morris Area Public Library District Board of Trustees
	Exam Proctoring Application Issued: 1/5/2010 Reviewed and Revised: 10/05/2011

Name of Student: _____

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

Phone Number: _____

Email Address: _____

Name of School/Institution Issuing the Exam: _____

Name of Teacher/Testing Center Administrator: _____

Phone Number: _____

Email Address: _____

Course Number/Title: _____

Is the exam closed book/closed notes? (circle one) Y / N

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)