

Examination Proctor Agreement

Division of Continuing Education
131 College Court, Manhattan, KS 66506



To be completed by the proctor:

- Teacher, administrator or counselor (at a school, community college or university). ***NO RETIRED OR SUBSTITUTE TEACHERS WILL BE APPROVED.***
- Librarian
- Administrator in training or human resources personnel department, or other administrative personnel.
- Military education officer/testing center supervisor

Please attach your business card or photo ID here.

I am not a graduate student, personal friend, or relative.
Proctors who do not fit the above description will be refused.

To be completed by the proctor (please print):

Name _____

Position or Title _____ E-mail _____

Name of Company or Institution _____

Company or Institution Mailing Address _____

(city, state or province, zip code, country)

Telephone number _____
(Include country code if outside the U.S.)

Fax number _____

Signature _____

Date _____

By signing this you agree to the following:

- I agree to return the exams myself and will not allow the student to be in possession of the exam once it has been administered.
- I agree to not make copies of the exam.
- I agree to not allow any other persons to have access to the exam other than myself and the student.

To be completed by student:

Name of student(s): _____

eID (K-State email address): _____

Course Number/Name: _____

Please return this form to: DCE Facilitation Center, KSU, 131 College Court Building, Manhattan, KS 66506, Fax (785) 532-3287.

Questions? Contact the DCE Facilitation Center at: (785) 532-5686, toll free (877) 528-6105, Fax (785) 532-3287, or distance@k-state.edu.