Proctor Approval Form

This form is to be completed by the student and proposed proctor at least three (3) days prior to the student’s first proctored assessment. The signed form should be mailed, emailed, or faxed using the contact information below.

I. Student Information

Student Name: _________________________________  EUP ID#: ______________________

Semester:  □ Fall _____(yr)  □ Spring _____(yr)  □ Summer _____(yr)

ALEKS Assessment #: _________________________  Date: _________________________

II. Proctor Information

A proctor must meet one of the following definitions and not be a friend or relative of the student, and may not be a current EUP student. Please check the proctor definition that best applies.

□ A member of the faculty, teaching or administrative, at a regionally accredited college or university.
□ An educational administrator at a regionally accredited college, university, or high school.
□ A full-time teacher at a regionally accredited high school.
□ A librarian at a public or high school library.
□ An employee at a learning center or private testing center.
□ An administrator at a Pennsylvania Community Education Council facility.
□ For a student in the military, an officer of higher rank than the student.
□ For an incarcerated student, the institution’s education officer, librarian, or chaplain.

Name: _______________________________________  Position: _________________________

Business/Organization Name: ______________________________________________________

Organization Address: ____________________________________________________________

City: _________________________  State: ___________________  Zip Code: ________________

Business Phone: _________________________________________________________________

E-Mail Address: _________________________________________________________________

Supervisor/Manager Name & Phone:

I have met the above named student and agree to serve as a proctor for this student in accordance with the written instructions provided by the EU Testing Coordinator and Edinboro University of Pennsylvania. I confirm that the information on this form is true and complete and that I am not a personal friend or relative of the student, and am not a student myself. I agree to notify the EU Testing Center if any of this information changes while I am serving as a proctor. I agree that my proctor information may be published on the university web site or in other similar media. I agree that Edinboro University may contact my supervisor/manager to verify my employment.

Proctor’s Signature: ________________________________  Date: _________________________

Please mail, email, or fax the following: (a) this completed form, and (b) a photocopy of the proctor’s photo identification (organizational or government-issued) to: Department of Mathematics and Computer Science, 220 Scotland Road, Ross Hall 109, Edinboro, PA 16444

Email: rwadsworth@edinboro.edu  FAX: 814-732-1170