

**UNIVERSITY OF ARKANSAS - FORT SMITH
PROCTOR APPROVAL REQUEST**

STUDENT INFORMATION

Student ID Number _____

I, _____, request that _____
(Student Name) (Proposed Proctor Name)

be approved as my examination proctor for University of Arkansas – Fort Smith course

(Course Number) (Course Name)

(Student Signature) (Date)

PROCTOR INFORMATION

(First Name) (Middle Initial) (Last Name)

(Business Address)

(City) (State) (Country) (Zip Code)

Current employer: _____

Proctor's title/rank: _____

Business Phone: (____) _____

E-mail address: _____

Office hours that proctor can be reached: _____

Proctor's relationship to the student examinee: _____

I do hereby agree to administer the University of Arkansas - Fort Smith course examination. I understand that the faculty will provide information about the date(s) for the exam(s), time allowed for taking the exam and other exam restrictions.

I understand that the student will pay any fees associated with administration of the examination.

I agree to provide security for the examination while in my possession. I understand that verification of my employment and credentials may be requested.

I certify that I am not related to the student by blood or by marriage.

I agree to ensure positive identification (photo ID) of the student.

(Proctor Signature)

(Date)