



## South Dakota State University Examination Proctor Agreement Form

Thank you for your willingness to proctor an examination for an SDSU student. Please review the Proctor policy and responsibilities at <https://www.sdstate.edu/continuing-distance-education/proctor-policy-and-form>. If you meet the qualifications and are willing to assume the responsibilities, please sign and submit this agreement form. Should you have questions before, during, or after the examination, please call the student's instructor using the information below or provided with the test.

**Please return the completed Examination Proctor Agreement Form as soon as possible to the course instructor noted below:**

***The student should provide the following information:***

### **South Dakota State University**

Instructor: \_\_\_\_\_ Course: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Once this form is returned to the SDSU instructor, test materials can be mailed out to the proctor.*

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As an authorized test proctor, I agree to use the instructor-specified guidelines to administer the SDSU course examination to:

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Course \_\_\_\_\_

Testing Location \_\_\_\_\_

Testing Date and Time (if determined) \_\_\_\_\_

Proctor name \_\_\_\_\_

Proctor signature \_\_\_\_\_ Date \_\_\_\_\_

### **Proctor contact information**

Title \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_