

Examination Request/Proctor Agreement Form

Cal State Dominguez Hills, School of Nursing
1000 E. Victoria St. Carson, CA 90747
Fax 310-516-3542

PART I: Completed by the Student

Student's Name: _____
Last
First
M.I.

Daytime Phone: _____ Home Phone: _____

Student ID# _____ CSUDH Email: _____
NO SOCIAL SECURITY #
The School of Nursing will contact students via their CSUDH email only

This examination request is for: ONE FORM PER REQUEST	<input type="checkbox"/> BSN 306 <input type="checkbox"/> I am currently enrolled in BSN 306, Section 19	<input type="checkbox"/> BSN 315 <input type="checkbox"/> I am currently enrolled in BSN 315, Section 19	<input type="checkbox"/> BSN 346 <input type="checkbox"/> I am currently enrolled in BSN 346, Section 19
	<input type="checkbox"/> GWE Semester & Year _____	<input type="checkbox"/> Poly Sci (Gov't)	<input type="checkbox"/> CA State & Local Gov't

All exams require that they be administered by a proctor. A proctor is the person responsible for receiving and administering the exam to the student. All test materials will be mailed to the proctor, not the student. The proctor will return the student's completed exam to the School of Nursing for processing. A self addressed envelope will be included in the test materials for the proctor's convenience. Students are responsible for finding their own proctor. The School of Nursing does not aid students in the selection process. Please note, relatives, friends, and peers are not eligible.

PART II: Completed by the Proctor

Proctor's Name: _____

Daytime Phone: _____ E-mail: _____

Name of Institution/Company: _____

Official Position/Title: _____

Relationship to Student:	<input type="checkbox"/> Higher Education Faculty <input type="checkbox"/> Principal <input type="checkbox"/> Clergyman <input type="checkbox"/> Librarian <input type="checkbox"/> Testing Officer <input type="checkbox"/> Military Education Officer <input type="checkbox"/> Supervisor <input type="checkbox"/> Manager <input type="checkbox"/> Counselor <input type="checkbox"/> Other _____
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By signing this agreement, I claim that the above information is correct. I agree to verify proof of student identification, monitor examinations, and ensure that the academic integrity of these examinations is not compromised.

Proctor Signature: _____ Date: _____

California State University, Dominguez Hills- School of Nursing, reserves the right to verify the proctor's identity, require additional proof of eligibility, or require the selection of a different proctor. This Proctor Agreement may be terminated at will by the proctor, student, or California State University, Dominguez Hills by providing written notification to all parties involved.

Proctor: Please provide us with your mailing address (No home address accepted.)
 All test materials will be mailed to the address provided below.

Mailing Label	Institution:	
	Name & Position:	
	Street Address:	
	City, State & Zip:	
	Student's Name	