

California State University Dominguez Hills Testing Office

Proctor Agreement Form

Please note: The California State University, Dominguez Hills Testing Office 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.

Section A: TO BE COMPLETED BY STUDENT

1. Name: _____ CSUDH Student ID #: _____
Phone: _____ Email: _____
Exam: **GWE** **Other:** _____ Semester: **Fall** ____ **Spring** ____ **Summer** ____

I, _____ confirm that the proctor I have chosen conforms to the guidelines of approved proctors established by the California State University Dominguez Hills Testing Office.

- I am responsible for any fee, if applicable, for proctoring services and exam return.
- The information provided on this form is accurate.
- Student Signature (required) _____ Date: _____

Section B: TO BE COMPLETED BY THE PROCTOR

1. Proctor's Name: _____ Proctor's Position: _____
Organization: _____
Business Address: _____
Business Phone: _____ Business Fax: _____
Business Email: _____

2. Proctor MUST confirm/agree to all items by checking the box or they cannot be approved.

I confirm that I am not in any way related to the student, nor am I a friend, roommate, neighbor, church official, current teacher, coach, employer, supervisor or coworker.

I agree that I will administer the exams in accordance with the instructions provided by CSUDH, that I will not allow the student to use personal computers, notes, dictionary, test books, electronic devices or other materials (unless otherwise instructed), or allow anyone access to the student while taking their examinations.

By signing this agreement, I agree to ensure that the academic integrity of any of these examinations will not be compromised.

3. I certify that all of the information that I have provided is accurate.

Proctor Signature (required): _____ Date: _____

Section C: TO BE RETURNED TO THE CSU DOMINGUEZ HILLS TESTING OFFICE ONLY AFTER SECTIONS A & B ARE COMPLETED

PROCTOR AGREEMENT FORMS MUST BE RECEIVED BY THE ASSIGNED DEADLINE TO BE PROCESSED

Mail: CSU Dominguez Hills Testing Office
1000 E. Victoria Street, Welch Hall A-210
Carson, CA 90747

Email: testing@csudh.edu

Fax: (310) 516-3330

Additional Questions?

Phone: (310) 243-3909
(310) 243-3635

Website: csudh.edu/testing