

California State University Dominguez Hills
School of Nursing
Examination Request/ Proctor Agreement form

Proctor's responsibility: A proctor is a person who administers and supervises examinations for the CSUDH Testing Office. A proctor ensures the identity of the test taker and the integrity of the test taking environment. Students are to remain under the supervision of the proctor throughout the exam administration. A student's exam is mailed to his or her proctor. Exams may be mailed only to institutions, not personal addresses. The proctor handles the exam according to the designated exam administration policies and procedures. Once the student has completed the exam in accordance with the directions and under the supervision of the proctor, the proctor will mail back all exam materials to the CSUDH Testing Office. A return envelope is provided for testing locations in the United States. Students outside of the United States are responsible for the return of their exam. Proctors have a responsibility to facilitate fairness and academic integrity for the exams they administer.

Student's responsibility: Students are responsible for finding their own proctor. The School of Nursing does not aid students in the selection process. Students are responsible of maintaining communication with their proctor to assure the process runs smooth.

Who Can Be A Proctor?

The CSUDH Testing Office **approves** the following to serve as proctors:

- College and university professional testing staff /testing offices
- Full-time public librarian
- Full-time university/ college faculty member.

The student may request approval for a full-time faculty member or administrator of an academic unit of a local college or university that is regionally accredited, or an ALA-accredited librarian at an academic or public library. **We cannot approve persons who work part-time or as adjuncts or graduate students at a college or university; nor can we approve co-workers, personal friends, relatives, tutors, neighbors, personal advisors, pastors, employers, schoolteachers or administrators (elementary, middle, high school), any person associated with the athletic department or sports program of a college, university, or high school, or anyone with a potential conflict of interest. An exam must be sent to the academic work address of the proctor. Exams may not be sent to any person's home, to a primary or secondary school, a place of worship, or a private business.**

Students who have difficulty securing a proctor may contact another CSU Testing Office or utilize the National College Testing Association Consortium, (<http://www.ncta-testing.org/cctc/find.php>).

Please note that these guidelines have been set forth by the university to ensure secure, ethical, and standardized exam administrations required for university accreditation

To take an exam with a proctor, mail or fax the Examination Request/Proctor Agreement Form [PDF] to the School of Nursing at 310-516-3542. GVAR holds will be removed the next business day upon receipt. The \$35.00 Examination Fee is due at the time you take the exam with your proctor. Check or Money Orders only, no cash.

GWE Scores will be available 4-6 weeks after the exam return deadline. Students will be notified via a score letter.

If you have any questions, please contact the School of Nursing at sondepartment@csudh.edu

Cal State Dominguez Hills, School of Nursing Examination Request/Proctor Agreement Form

Please Note: 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.

PART I: To be Completed by the Student (PLEASE PRINT CLEARLY)

Student's Name: _____ CSUDH Student ID# _____

Daytime Phone: (____) _____ - _____ CSUDH Email: _____@toromail.csudh.edu

Exam for:	<input type="checkbox"/> GWE
Semester/Year:	Fall _____ Spring _____ Summer _____

PART II: To Be Completed by the Proctor (PLEASE PRINT CLEARLY)

Proctor's Name: _____ Official Position/Title: _____

Name of Institution/Company: _____

Address of Institution/Company: _____

Institution's Phone: _____ Institution's Fax: _____

E-mail: _____

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.

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

Proctor Signature (required): _____ **Date:** _____

Proctor: Please provide us with your mailing address (PRINT CLEARLY). All test materials will be mailed to the address provided below. Exams will not be mailed to the proctor's home address. (REQUIRED)

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