

Examination Request/Proctor Agreement Form

Cal State Dominguez Hills, School of Nursing Fax 310-516-3542

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: Completed by the Student (PLEASE PRINT CLEARLY)

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

Daytime Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Student ID#: _____ CSUDH Email: _____@toromail.csudh.edu

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"/> OTHER _____	<input type="checkbox"/> BSN 346
	<input type="checkbox"/> Poly Sci (Gov't)	<input type="checkbox"/> CA State & Local Gov't	

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

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.

The following are approved to serve as proctors:

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

The following are not allowed to serve as proctors:

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.
 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

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

Daytime Phone: (____) _____ - _____ E-mail: _____@_____

Name of Institution/Company: _____

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: _____

(REQUIRED): Please provide us with your mailing address (PRINT CLEARLY). 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

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