



Online Proctor Request Form

Note: One form must be submitted *per exam*

SECTION 1: STUDENT AND COURSE INFORMATION

My reason for requesting a proctor is (please check one):

I am located outside the Northern Virginia/Washington Metropolitan area.

I am active duty military or deployed and unable to travel to campus.

I have a disability or illness which prevents me from traveling to campus.

My Disability is Registered with the Office of Disability Services.

Student G Number: _____ Date: _____

Student's Legal Name: _____

Address: _____ City: _____

State: _____ Country: _____ Zip Code: _____

Course Name: _____

Section Number: _____

Name of Examination: _____

Date of Examination: _____

Is this the first time you have requested proctored exams? Yes No

GMU Email Address: _____

Phone Number: _____ Best time to reach you: _____

Academic Integrity Statement: By submitting this form, I attest that all proctor information contained on this form is correct and conforms to the guidelines set forth by the University. I understand that any deliberate misstatement of fact may result in referral to the Student Conduct Process and a grade of "F" being assigned for any and all courses—past and present—in which examinations were taken under such misstatement.

Your signature: _____

(original signature required – typed signatures will not be accepted)

SECTION 2: PROCTOR INFORMATION

My proctor is (please check one):

_____ Certified Testing Center (complete Part A)

_____ Individual Proctor (complete Part B)

Note: It is the student's responsibility to ensure the instructor sends the testing materials to the Testing Center or Individual Proctor

A: If Certified Testing Center:

Name of Certified Testing Center: _____

Mailing Address: _____

Phone: _____

Primary Contact Name: _____

Email address to send testing materials: _____

B: If Individual Proctor:

Name of Proctor: _____

Title: _____

Organization: _____

Work phone: _____

Email: _____ (Exams will not be sent to personal email addresses)

Work Address: _____

City: _____ State: _____ Zip Code: _____

Country if not in United States: _____

Location where exams will be proctored (if different than work address):

Prepare a letter on your institutional letterhead with the following statement: *"I agree to serve as proctor for (student's name). The exam(s) will be proctored at (insert location) using a computer provided by my office (or testing center). I have no personal or professional affiliation with the student and understand that I may not make any alterations to the exam instructions I am provided for this student. I certify that the information I provided on the Proctor Request Form is correct."*

*Submit the statement on institutional letterhead, with an original signature, your professional contact information, and date.

Submit This Completed Form and the Proctor's Statement (if Individual Proctor) on Letterhead to the Instructor at least two weeks prior to the exam date.