



PROCTOR AGREEMENT FORM

Thank you for your willingness to serve as a proctor for an FNU student. Please review the Examination Proctor Procedures provided with this form. If you meet the qualifications and are willing to assume the responsibilities, please sign and submit this agreement form to Florida National University by fax at 305-362-0595, attention Dr. Emry Somnarain, Online Learning Department.

Student Information:

Last Name _____ First _____ Student ID _____
Phone _____ E-mail _____

Proctor Information:

Last Name _____ First _____ Middle Initial _____
Title _____ If active military, indicate rank _____
Degree/s earned _____
Employer _____
Business Address _____
E-mail _____ Phone _____
Relationship to Student _____

Proctor Qualifications:

Acceptable Proctors

- ___ Supervisors (Must be at higher position or rank than the student)
___ University/College Testing Center, Private Testing Center or Monitored Lab
___ School Principal, Assistant Principal, Librarian, Teacher, Counselor or Academic Advisor
___ College Professor, Dean or Director, Human Resource Manager, Tutor
___ Minister, Priest or Rabbi of an established religious entity

Proctor Certification:

Unless otherwise indicated, the proctor must provide a business card verifying his/her qualifications. Please attach here or submit on a separate piece of paper. A letter from the proctor's employer may be substituted for the business card if one is not available.

This request will not be considered without the required supporting documentation.

I hereby certify I meet the requirements of an FNU proctor. As an authorized exam proctor, I agree to adhere to those responsibilities and procedures outlined in the Examination Proctor Procedures when administering exams. I also agree that FNU may contact me for verification purpose and I grant permission for FNU to verify my credentials

Proctor Signature: _____ Date: _____

Approved by: _____ Title: _____
Date: _____