

## PROCTOR REQUEST INFORMATION

Please allow up to 14 days for the processing of a proctor request. If you have questions, or to check the status of a request, call (919) 508-2367 or email [lmclaren@peace.edu](mailto:lmclaren@peace.edu).

### Proctor requirements:

- **Must** be a staff member at a college or university testing center, a full-time faculty member, or a professional librarian.
- **Can** be an adjunct faculty member, teaching assistant, athletic coach, or student worker.
- **Can** be a faculty or staff member at William Peace University
- **Cannot** be a family member, employer, or someone with whom you work.
- Military students may use an education or test control officer.
- The Director of Online Programs **must** be able to verify your proctor's employment and work title within an organization.

Students are responsible for securing their own proctor and paying any fees charged by the proctor. The School of Professional Studies reserves the right to reject requests or proctors for any reason and students will be contacted if a request has been denied.

For all approved requests, exam information will be emailed directly to the proctor, and students will receive an email confirmation at their student email.peace.edu address.



### PROCTOR REQUEST FORM

**STUDENTS:**

- Complete Section 1 and give the form to your proctor.

**PROCTORS:**

- Complete Section 2
- Write or type the following statement, signed and dated, on a copy of your organization’s letterhead:

**“I agree to serve as proctor for (Student’s Name). I certify that the information I provided on the Proctor Request Form is correct.”**

#### SECTION 1: STUDENT AND COURSE INFORMATION

Student ID: \_\_\_\_\_ Student’s Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Course(s) to be proctored: \_\_\_\_\_

Is this the first time you have requested this proctor? \_\_\_ Yes \_\_\_ No  
If no, you may skip Section 2.

Peace Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION 2: PROCTOR INFORMATION

Proctor’s Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Work phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country if not in United States: \_\_\_\_\_

Organizational Email Address: \_\_\_\_\_

(Exams will not be sent to personal email addresses such as yahoo and hotmail.)

**SEND THIS COMPLETED FORM AND THE PROCTOR’S STATEMENT ON COMPANY LETTERHEAD.**

Requests may be scanned and emailed to [lmclaren@peace.edu](mailto:lmclaren@peace.edu)