

Department of Mathematical Sciences

Distant Education Proctor and Student Agreement Form

Revised 8/19/2010

This form must be submitted by: _____ (date/time)

To Be Filled Out by Student:

INSTRUCTIONS: Complete this portion of the form and take it to your desired proctor. Proctors must be approved before they can be used. Contact (702) 895-3567 if you have questions or concerns. It is your responsibility to determine if the form was filed and approved by the date/time above.

Student Full Name: _____ Course/Section: _____

Instructor Name: _____ Exam(s) to be Proctored: _____

Student Guidelines (please initial each applicable line and sign below):

_____ I agree to follow all instructor guidelines when taking this exam.

_____ I am aware of the UNLV academic integrity policies and will adhere to these policies.
(<http://studentconduct.unlv.edu/misconduct/policy.html>)

_____ I understand that although my proctor is being notified of the policies, it is ultimately my responsibility as the student to follow the policies.

_____ I understand that my proctor is only the test administrator and cannot make changes to the exam or exam administration instructions. Any changes may only be approved by my instructor.

Signature: _____ Date: _____

To Be Filled Out by Proctor:

INSTRUCTIONS: The top half of this form is to be completed by the student. Please fill out the remaining portion of the form and fax it *from your place of employment* to the UNLV Department of Mathematical Sciences at (702) 895-4343. Provide original to the student with date/time of fax. Contact (702) 895-3567 if you have questions or concerns.

Name: _____ Phone: _____ Fax: _____

Place of Employment: _____ Title: _____

E-mail: _____ Location of Proctored Exam(s): _____

Guidelines (please initial each applicable line and sign below):

I meet one of the following requirements to be a proctor:

_____ College or University testing center (employee)

_____ Public library (librarian)

_____ Other (please specify) _____

_____ I do not have any personal or professional pre-existing relationship with the student

_____ I agree to administer exam on behalf of a UNLV instructor, impartially, and in accordance with current UNLV academic integrity policies and all other instructor-specified policies.
(<http://studentconduct.unlv.edu/misconduct/policy.html>)

_____ I will FAX the completed exams directly back to the instructor within 24 hours, and when notified, will destroy the original. Note that exams may not be returned via US Mail.

Signature: _____ Date: _____