|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: (Please Print Clearly) | Student Number: | | | |
|  |  | | | |
| Date of Exam: | Program Name: | | | |
|  |  | | | |
| Course Name: | Course Code: | | | |
|  |  | | | |
| Please check applicable exam box |  | Mid-Term Exam |  | Final Exam |

**Please complete the section below and ensure that both you and the student have signed this form.**

**PLEASE NOTE:** This form must be returned to [registrarsoffice@nativetc.com](mailto:registrarsoffice@nativetc.com) at least 10 business days prior to your scheduled exam date.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Proctor Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Title: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business/Organization: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | | | | | | | | | | | Province: | | | | | | | | | | | | | | | | | | | | Postal Code: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | |
| Business Telephone: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fax Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ( |  | | ) | |  | |  | |  | | - | |  | |  | |  | |  | | | x. | |  | |  | |  | |  | | ( | |  | | | ) | |  | | |  | | | |  | | - | | |  | | | |  | | |  | | |  | |
| E-mail **\*must be a professional address – Hotmail, gmail, yahoo, etc e-mail accounts will not be accepted** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | | |  | |  | |  | | |  | |  | |  | | |  | |  | | |  |

Note: If returning the form by e-mail, we do not require signatures, but a proctor e-mail must be included.

**PROCTOR AGREEMENT**

*As a proctor, I agree to the following (check those that apply)*

|  |  |
| --- | --- |
|  | I am an education official, librarian or teacher at a community college, university, elementary or secondary school. |
|  | I am in a supervisory position and not a co-worker of the student writing this exam. |
|  | I am not a current student of Native Education Training College. |
|  | I am not a relative of the student, nor do I live at the same address of the student. |
|  | I will administer the exam(s) in accordance with the prescribed timeframe(s) and directly supervise the student throughout the entire duration of the exam(s). |
|  | I will ensure that the student does not have access to any inappropriate materials or online information at any point during the exam(s). |
|  | I will assure that the student does not have access to the exam either prior to or after the exam date. |
|  | I will mail the completed exam(s) back to Native Education Training College immediately after the student has completed it. |

Thank you for agreeing to assist in the invigilation of our exam(s). We will confirm the above information with you prior to e-mailing out the exam(s).

|  |  |
| --- | --- |
| Signature of Proctor: | Signature of Student: |
|  |  |