|  |  |
| --- | --- |
|  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 tasha.stewart@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).

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