AUBURN UNIVERSITY OFFICE OF PROFESSIONAL & CONTINUING EDUCATION
EXAMINATION PROCTOR FORM

I agree to personally supervise the examination for:

STUDENT NAME ____________________________________________
COURSE NAME ____________________________________________
STUDENT NUMBER __________________________________________

I pledge that I am not related or hold a conflict of interest in proctoring the student. I shall see that no books, notes, or other aids visually or electronically are used unless specifically authorized in the examination instructions, and will follow the regulations governing examinations as stated on the form which will be sent to me with the examination.

DATE AND TIME EXAM IS TO BE GIVEN ________________________________
NAME OF OFFICIAL ____________________________________________
PROCTOR POSITION ____________________________________________
NAME OF SCHOOL, COLLEGE OR UNIVERSITY ____________________________
ADDRESS ______________________________________________________
CITY_________________ STATE _______ ZIP _________ PHONE (____) ________
Email ________________________________________________________
Signature __________________________________ Date _______________________

PLEASE RETURN THIS SIGNED FORM TO:
Auburn University/OPCE
301 O.D. Smith Hall
135 South College Street
Auburn, AL 36849-5608

Revised 01/19/17