



OFFICE OF PROFESSIONAL AND
CONTINUING EDUCATION

**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**