

PROCTOR NOMINATION FORM

ASHWORTH COLLEGE - REGISTRAR

P.O. Box 923087, Norcross, GA 30010-3087

Student Name (Please Print)	Student Number
I am using this form to select a proctor for my: _____ upcoming semester exam (check all that apply) _____ life/work experience exam	

IMPORTANT INFORMATION FOR PROCTOR CANDIDATES

Dear Proctor Candidate,

You have been nominated by the student named above to serve as a proctor for an exam that he/she will be taking in the near future. The purpose of this form is to explain the proctoring process and to verify that you will assist the student with this requirement.

If you are selected as the student's proctor, you will receive an exam packet that will include the exam questions and answer sheets, a certification of compliance with policies and procedures, and a self-addressed return envelope. The exam is a timed (3 hour), open-book, open-note test, covering five courses that the student has completed during the semester. You will need to contact the student to confirm the date, time, and location of the exam. Before you allow the student to begin the exam, you will need to make sure that 3 hours are available. Within 48 hours of the completion of the exam, we request that you mail the certification of compliance (signed by you and the student), the exam questions, and the answer sheets to Ashworth College. We further request that you make copies of the exam answer sheets (but *not* the exam questions) to keep until we confirm receipt of the exam packet. The student should plan to reimburse you for postage.

Please note that you may not serve as the proctor for this exam if any conflict of interest exists. For example, if you are a fellow student, related to the candidate by blood or marriage, an immediate supervisor, a roommate, fiancé, or other acquaintance with whom a conflict of interest exists, you are not permitted to serve as a proctor.

Please complete the information requested at the bottom of this form, sign and date the form, and mail it to Ashworth College at the address above. *Completion of this form indicates that you are willing to proctor the above-named student's semester exams for Ashworth College.* If you have questions about this process or your suitability to serve as a proctor, please call 770-729-8400, extension 5350, or send an e-mail to registrar@ashworthcollege.edu. We thank you in advance for providing this service.

Sincerely,
Office of the Registrar

Proctor Candidate (Please Print)

Name _____ Title/Occupation _____

Address _____ City _____ State _____ Zip _____

Phone (day) _____ Phone (night) _____

E-mail address: _____

Signature _____ Date _____