**Gannon University Proctor Certification Form**

Thank you for agreeing to supervise a Gannon Distance Education examination. Please take a few minutes to complete this certification form. After completing this process, you will be notified by Distance Education concerning your certification status within two business days by e-mail. This certification will be valid for two years, at which point you will need to fill out a new form to remain a certified proctor with our office.

**This form may NOT be filled out by anyone other than the person applying to be certified as a proctor. Students MAY NOT fill out this form for their proctor. If this is done the form will become invalid and the proctor will immediately be rejected**

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| **PART 1: STUDENT INFORMATION** | | |
| First Name |  |  |
| Last Name |  |  |
| E-mail Address |  |  |

**Part 2: PROCTOR INFORMATION**

I certify that I will be filling out this form for myself to become a certified proctor with UVU Distance Education and for no one else. I also certify that all information give will be my own, and I will not give any false information to the best of my knowledge.

Proctors may **NOT** be any of the following:

* Relative or friend with whom you have a personal relationship outside of Gannon University
* Employer or Supervisor
* Tutor
* Athletic Coach, including assistant coaches
* Current Gannon student

I certify that none of the above applies to me

I certify that I am **NOT** an athletic coach, athletic administrator, or athletic academic counselor. Whether it be part-time or full-time, I am not in any of these positions.

Please select your title from the list below: (only those who currently hold one of the titles below are eligible to be proctors)

* Full-time school or public librarian
* Full-time teacher
* Guidance counselor/counseling staff
* School superintendent, principal, vice principal or other administrator
* Embassy education officer
* Military base education officer or superior officer
* Firechief or captain
* Local college/professional testing center staff or administration

### Proctor Contact Information

First Name

* \*Address:
* \*City:
* \*State / Province 
* \*Postal Code:
* \*Phone number:
* Fax number:

### Proctoring Location

Exams must be administered at your school, military base or educational facility - **never** at your home or the student's home.

Proctor’s Signature: Date: