

**PROCTOR AGREEMENT FORM FOR ACCUPLACER ASSESSMENT**

A proctor is an individual in the professional community such as testing personnel from a college, university, or private testing company, a high school or college counselor, a librarian, your supervisor, or someone from your human resources department. The proctor **cannot** be a personal friend, co-worker or relative. Exams must be administered at a business or public site. Exams may not be taken at the examinee or proctor's home.

I agree to administer the ACCUPLACER Computerized Placement Exam to the following student:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I agree to verify identification of the student by use of a government issued ID (Driver's License, Passport, or Military ID.)

I agree to maintain security and confidentiality of the ACCUPLACER Exam and of the student's scoring and personal information.

I agree to maintain a quiet and secure testing environment.

I agree to be present throughout the entire exam and ensure the student does not have access to any additional resources, besides scratch paper, while completing the exam.

I agree that any proctoring fees must be charged directly to the examinee and not Bismarck State College.

Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete form and fax to: (701) 224-5643. If you have questions, please call (701) 224-5429.