

**OKLAHOMA STATE UNIVERSITY  
PROCTOR AGREEMENT**

**STUDENT INFORMATION**

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

Course Date: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**PROCTOR INFORMATION**

Proctor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Proctor's E-mail : \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

**The proctor must be the student's supervisor, someone in the training department or personnel office, fire chief, education officer, human resources representative, librarian, etc.**

I hereby agree to proctor this test taken by the above named student. I will carefully review the guidelines for administering each test and will certify that each test was administered in accordance with the guidelines supplied on the cover of the test.

I understand that this test is to be sent to my attention and that I am to ensure that it is held sealed and confidential until administered. I will collect the test at the end of the specified time and complete the form attached to the test. I will then FAX or express mail the completed test to the OSU Engineering Extension Office. If a copy of the completed exam is retained, I will file it until the student's grade is returned.

\_\_\_\_\_  
Proctor's Signature

\_\_\_\_\_  
Date

Please complete and return this form via FAX or mail to:

Brandy Mays  
OSU CEAT Continuing Education  
505 Engineering North  
Stillwater, Oklahoma 74078-0532  
Phone: (405) 744-9228  
Fax: (405) 744-5369