

# UWEC DEPARTMENT OF MATHEMATICS PROCTOR APPROVAL FORM

**This form must be presented by the student to the proctor, via email or in person.**

All exams will be emailed to the proctor's business or professional email account.

To be completed by the STUDENT – Please print clearly:

Name \_\_\_\_\_ Current Daytime Phone #: \_\_\_\_\_

UW-Eau Claire Email address: \_\_\_\_\_

Math Course Number: \_\_\_\_\_

Instructor Name & Section Number: \_\_\_\_\_

Location of Exam proctoring, i.e., City/Town/State: \_\_\_\_\_

**Note: Examinations will not be submitted to a proctor until the proctor has been approved by the Department of Mathematics, i.e., your Instructor or Math Department Office Personal.**

Criteria for designated proctors (please check the appropriate category for the person named below):

- A university or college faculty member
- A K-12 teacher
- A school administrator, school psychologist, or other school official
- A professional librarian
- A medical doctor or dentist
- A certified public accountant
- A lawyer or a police officer in an administrative position
- A military officer

**NOTE: PROCTORS MAY NOT BE RELATIVES, CLOSE PERSONAL FRIENDS, OR OTHER STUDENTS.**

Information to be completed by PROCTOR. Please print legibly AND check the appropriate category above.

Once completed, the proctor should return this form as an attachment from their professional email account to the instructor or Math Department Office Staff. Students shall inform you of the appropriate email address.

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Company/Business Name \_\_\_\_\_

Company/Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_ Daytime Fax No. \_\_\_\_\_

E-mail \_\_\_\_\_

I have met the above-named student and I agree to proctor examinations for this student in accordance with the written directions provided by the instructor and/or the University of Wisconsin Eau Claire. I certify that the information on this form is true and complete, and that **I am not a relative or close personal friend of the student named above, and I am not a student.** I understand that inaccurate or misleading information may affect the student's academic status at UW Eau Claire. I also agree to notify the UWEC Department of Mathematics immediately if any of the above information or circumstances change.

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

**This information must be received at least 3 days before the exam due date via email. An individual from the Department will be contacting you to verify details and confirm information.**

Please keep this copy of the form for your records, should questions arise.