

**Dakota State University
Extended Programs
Examination Proctor Agreement Application**



Thank you for taking the time to proctor an examination for a student of Dakota State University. By filling out the information required on this form, you are explicitly implying that all information is true and accurate to the best of your knowledge. If you meet or exceed the qualifications stated and agree to the terms of the proctor, please complete and submit this form. If you have any questions regarding your responsibilities, please contact the Extended Programs office at 605-256-5049 or 800-641-4309 or dsuinfo@dsu.edu.

DSU Course: _____ **Examination Date:** _____

Instructor: _____ **Semester/Year:** _____

Student Information: *(Off-campus DSU degree seeking students)*

Name _____ Student/Colleague ID# _____

Address _____

City _____ State _____ ZipCode _____

Phone number during business hours: () _____

Proctor Information: *(Relatives are not valid proctors.)*

Name _____ Position/Title _____

Educational Institution _____

Business Address _____

City _____ State _____ ZipCode _____

Phone number during business hours: () _____

Email Address: _____

(Note: Examinations can be sent only to a business address, not a residential address.)

Examination Information:

Examination Address _____ Examination Date _____

I hereby certify that the proctor is not related to me in any way.

Student Signature _____ Date _____

Please return the completed form to the instructor or FAX to DSU Extended Programs at 605.256.5095

DO NOT WRITE BELOW THIS LINE

Proctor approved by: _____ Verification Source: _____

Examination Distribution Date: _____ Mailed by: _____
