 **Alternate Proctored Location Form**

It is the student’s responsibility to locate and identify an appropriate proctor. The selected proctor MUST:

1. NOT be a family member, friend, or co-worker.
2. Be employed by an education institution, public library, or other pre-approved agency.
3. Be available to speak to a representative of the University of Connecticut for verification.
4. Be able to receive email and attachments and print the attachments.
5. Have access to a fax or scanner to send completed exams back.

**My signature certifies:**

* I will abide by the University of Connecticut’s Student Code of Conduct and Academic Integrity.
* I am not directly related to the proctor or residing in the same household.
* I will not make additional copies of the exam.
* I will follow all test condition guidelines set forth in the testing packet.

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information**

|  |  |  |
| --- | --- | --- |
| Name | Student ID | Professor |
| Mailing Address |
| Email Address | Phone | Course Number |

**Proctor Information**

|  |  |  |
| --- | --- | --- |
| Name | Position/Title | Employer/Organization Name |
| Mailing Address |
| Email Address | Phone | Fax |

**My signature certifies:**

* I will act as a proctor for the above student.
* I am not directly related to the student or residing in the same household.
* I agree to fax or email all completed exams and mail all original copies to the University of Connecticut.
* I will not make additional copies of the exam.
* I will follow all proctor guidelines set forth in the testing packet.

**Proctor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_