



BOISE STATE UNIVERSITY

PROCTOR VERIFICATION FORM

This form must be completed by the student. After you have located a proctor, complete and submit this form to the course instructor at least one week prior to the exam date.

Student Information

Student Name: _____ Student ID: _____

Bronco Email: _____ Phone Number: () -

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Instructor Name: _____ Term: SPR SUM FALL

Exam Date(s): ____ / ____ / ____ - ____ / ____ / ____ Subject & Number: _____
(I.e., BIOL 100)

Course Title: _____ (I.e., Concepts of Biology)

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Proctor Name: _____ Position / Title: _____

Organization: _____

Business Email: _____ Daytime Phone: () -

Mailing Address: _____ City: _____ Zip: _____

Will The Student Take Other Exams in **This** Course With This Proctor / Service? YES NO

STUDENT AGREEMENT :

By completing this form, you acknowledge the following:

I have read the Boise State University Proctoring Guidelines and agree to abide by them.

I have received permission from this instructor to complete my exam through an external proctor. I understand that Boise State University reserves the right to verify a proctor's identity, require additional proof of eligibility and deny/terminate a proctor at any time.

I affirm that I have no personal relationship outside of school or business with the individual(s) named above. I affirm this individual is not my co-worker, employer, supervisor, spouse or significant other.

I affirm that the information on this form is accurate. I also understand if I provide false or misleading information, fail to adhere to the exam instructions provided by the instructor, or do not follow the Student Code of Conduct, I may be subject to disciplinary action.

Student Signature: _____ Date: ____ / ____ / ____