TUSKEGEE UNIVERSITY
OFFICE OF THE PROVOST
PROCTOR AGREEMENT FORM

Student Information
First Name____________________  Last Name_________________________ M.I ___
SID Number____________________  E-Mail ________________________________
Major_________________________  Testing Term_________________________

Proctor Information
First Name____________________  Last Name_________________________ M.I ___
Position/Title__________________  Proctor E-Mail_______________________
Relationship to Student_________________________________________________

Proctor Address
Street__________________________  City____________  ST____  Zip______

Contact Information:
Cell____________________________  Work____________  Home____________

Testing Location________________________
HONOR CODE STATEMENT
Questions of academic honesty are of great importance to Tuskegee University. As members of the academic community that places a high value on truth and the pursuit of knowledge, Tuskegee students are expected to be honest in every phase of their academic lives and to present as their own work, only that which is genuinely theirs.

Each student has the responsibility to maintain the highest standards of academic integrity and to refrain from cheating, plagiarism, or any other form of academic dishonesty. Academic dishonesty is representing another’s work as one’s own, active complicity in such falsification, or violating test conditions.

PROCTOR AGREEMENT
As a Proctor, I agree to uphold the Tuskegee University standards for academic honesty. It is my responsibility to administer the examination(s) as per the test administrator’s manual(s) provided me, to monitor the student during the examination, and to return the completed examination, test administrator’s manual, and score sheet to the coordinator on the first mail date after the exam is completed.

I understand my presence and cooperation is essential to the examination process, and I agree to comply with Tuskegee University’s policy on academic honesty and to perform the duties of Proctor as outlined here and in the test administrator’s manual(s) to the best of my ability.

I further understand that the student is responsible for compensating me for return postage and any compensation I may require for administering the test.

I agree to return the exam and all materials given to me, after the exam is taken or no later than the end of the semester in which the exam is scheduled (unless local conditions or circumstances dictate otherwise).

My signature below:

- Signifies the information I have furnished on this form is complete and correct to the best of my knowledge.
- Serves as my intent to complete the proctor duties as outlined above.

Date_________________________ Proctor’s Name____________________________________

Proctor’s Signature ____________________________________________________________