

# Proctor Request Form for the Purdue IPM Final Exam



Student Name \_\_\_\_\_

Course Name \_\_\_\_\_

## PROCTOR SELECTION

1. Read the following proctor qualifications and categories.
2. Select a proctor who meets the criteria and is agreeable to the policies and procedures.
3. Complete the request form and return it, via e-mail, or US Mail to:

Purdue University Online                      E-mail: pest@purdue.edu  
155 S. Grant St.  
Young Hall, Room 405  
West Lafayette IN, 47907

## NOTE

- Upon approval of a proctor, exams will either be mailed to the proctor directly for correspondence courses, or a password will be emailed to the proctor for online courses.
- The proctor and student must follow exam instructions, whether taken online or on paper.
- The proctor must meet the qualifications listed below and must be selected from the categories listed.
- The proctor may not be related to the student in any way, may not live in the same residence, and may not be a close neighbor or friend.
- Our office will have final approval of proctor selection.

## THE PROCTOR MUST MEET THIS QUALIFICATION

- Hold a professional or a responsible supervisory position of employment
- Must not currently be enrolled in the same program

## THE PROCTOR MUST BE SELECTED FROM THE FOLLOWING CATEGORIES (PLEASE CHECK ALL THAT APPLY)

- Military testing, training, or education officer
- Military commander or two ranks above student
- Community or area Learning Center staff
- Training/testing agency staff
- College/school/institute education staff, including Cooperative Extension staff
- Human Resources staff
- Workplace supervisor two levels above student
- Library staff
- Ordained clergy
- Law enforcement training or education office
- Correctional institution education or administration officer
- Hospital education coordinator

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## STUDENT INFORMATION PLEASE PRINT CLEARLY

Name \_\_\_\_\_  
*(Print name as it should appear on the Certificate of Completion)*

Name of Course \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Certification/License # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PROCTOR INFORMATION PLEASE PRINT CLEARLY

Name \_\_\_\_\_ Certification/License # \_\_\_\_\_

Title, Position, or Rank \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How are you acquainted with the student? \_\_\_\_\_

## EXAM LOCATION

The student and proctor must procure a site appropriate for testing. Exams are not to be administered in a home unless given special exception due to mobility limitations or special needs.

## RETURN TO

Test Proctor Request  
Purdue University Online  
155 S. Grant St.  
Young Hall, Room 405  
West Lafayette IN, 47907

E-mail: [pest@purdue.edu](mailto:pest@purdue.edu)

I have read and agree to follow the guidelines listed in this document. I agree to comply fully with examination instructions and proctoring guidelines. I find the policies, procedures, instructions, and arrangements agreeable.

Signature \_\_\_\_\_ Date \_\_\_\_\_