

Student/Proctor Verification Form

Instructions:

This completed form must be scanned and emailed ourcourses@statistics.com or faxed to The Institute for Statistics Education (703) 522-5410 within **24 hours** after the examination. An examination received without this form will not be valid.

1. Student Name

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2. Course Name

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3. Proctor Information

Proctor Name:
Proctor Email:

4. Examination Information

Name of Examination:		
Date Examination Administered:	Time Examination Started:	Time Examination Finished:

5. Proctor Guidelines. Please check the guidelines to which you adhered.

<input type="checkbox"/> I verified the student's identity with a photo I.D.
<input type="checkbox"/> The student did not view the examination prior to taking it.
<input type="checkbox"/> The student did not communicate with anyone during the exam.
<input type="checkbox"/> I did not leave the student unattended at any time during the examination.
<input type="checkbox"/> The student did not copy down any questions to take from the examination room.
<input type="checkbox"/> The student adhered to the time limit restrictions.

6. Statements of Verification

I, the above named **student**, hereby verify that I have independently completed this examination under the supervision of my designated proctor. I completed this examination in accord with the rules stated above.

Student Name: (print)	
Student Signature:	Date of Examination:

I, the above named **proctor**, hereby verify that I have supervised the administration of this particular examination. The above named student has completed this examination following all regulations as outlined in the **Proctor Guidelines**.

Proctor Name: (print)	
Proctor Signature:	Date of Examination:

Adapted with permission from Pace University