



**INTER AMERICAN UNIVERSITY OF PUERTO RICO
AGUADILLA CAMPUS
DISTANCE LEARNING SUPPORT CENTER**

PROCTORING APPLICATION FORM

TERM: _____

Have you submitted in the past an application?

Yes _____ No _____

For UIPR Aguadilla

Approved _____ Not Approved _____

STUDENT INFORMATION

FIRST AND LAST NAME: _____ STUDENT ID: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL: _____

WORK PHONE: _____ FAX: _____

E-MAIL: _____

COURSE: _____ Professor: _____

COURSE: _____ Professor: _____

COURSE: _____ Professor: _____

COURSE: _____ Professor: _____

STUDENT SIGNATURE: _____

For UIPR Aguadilla:

PROCTOR INFORMATION

FIRST AND LAST NAME: _____

POSITION TITLE: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

EMPLOYER WEBSITE: _____

E-MAIL: _____

(Of the Institution the proctor is employed. Web mail services as yahoo, gmail, hotmail, msn, among others, are not accepted.)

WORK PHONE : _____ FAX: _____

I certify that the answers given in Proctor Information are true and complete to the best of my knowledge. I certify that I am not a friend or relative of the above mentioned student. I understand the following: that tests will be proctored at the location specified above; that tests are to be held in confidentiality; and that no copies are to be made of either tests or answer sheets.

PROCTOR'S SIGNATURE: _____ DATE: _____

Comments:

