Please complete this form with your designated proctor and return form by mail, email, or fax it to:

University of Alaska Southeast – Ketchikan
Attn: Testing Center
2600 7th Avenue
Ketchikan, AK 99901

Phone: (907) 228-4524
Fax: (907) 228-4542
Email: uasktesting@uas.alaska.edu

Designated proctor must be affiliated with an educational institution such as a university, school, or library and must have a verifiable work address and phone number. In towns where no professional educators are available, other community leaders (e.g., ministers) can serve as test supervisors if approved by the UAS Distance Support Office. All tests must be administered in a professional setting. Proctors cannot be prospective UAS students or related to the test-taker.

STUDENT INFORMATION

Name: ____________________________  Student I.D. # ___________

Mailing Address: __________________ City/State ___________ ZIP ___________

Email Address: ____________________ Phone: __________________________

Distance Course(s) __________________________

Student Signature: __________________ Date: __________________________

Do you need special accommodations? If yes, you will need to get them approved through Student Services Gail Klein (907) 228-4508, grklein@uas.alaska.edu

PROCTOR INFORMATION

(To be filled out by Proctor)

I agree to administer the test(s) to the student whose name appears above. The tests will be taken under my direct supervision. I am not directly related to the student or residing in the same household. I will not make additional copies of the exam(s). I will follow all the proctor guidelines set forth in the testing materials sent to me. I agree to fax or mail all completed exams and mail all original copies. (If you do not have internet access, alternative arrangements can be made. Further instructions will be emailed to you.)

Name: ____________________________ Employer/Title ___________

Mailing Address: __________________ City/State ___________ ZIP ___________

Email Address: (REQUIRED) __________________________

Phone: __________________ Fax: __________________________

Proctor Signature: __________________ Date: __________________________