

## UAS-KETCHIKAN PROCTOR AGREEMENT

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 7<sup>th</sup> Avenue  
Ketchikan, AK 99901

**Phone:** (907) 228-4524  
**Fax:** (907) 228-4542  
**Email:** [ketchikan.testing@alaska.edu](mailto:ketchikan.testing@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](mailto: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: \_\_\_\_\_