



Thank you for your willingness to serve as a proctor for a Waldorf University student. Please review the [Online Final Examination Proctor Policy](#). If you meet the qualifications and are willing to assume the responsibilities, please sign and submit this agreement form to Waldorf University by fax at 251.224.0554. Should you have questions before, during, or after the examination, please call 877.267.2157 or e-mail students@waldorf.edu.

STUDENT INFORMATION					
Last Name			First	Student ID	
Phone			Email		
PROCTOR INFORMATION					
<input type="checkbox"/> Check this box if you intend to proctor for other Waldorf University students than the one listed above. You will not need to complete an additional Proctor Agreement.					
Last Name			First	Middle Initial	
Title				If active military, indicate rank	
Degree Earned			School Name		
Employer					
Business Address					
	City		State	Zip	
Email			Work Phone	() -	
Relationship to Student					
PROCTOR QUALIFICATIONS/CERTIFICATION					
<p>Acceptable Proctors</p> <ul style="list-style-type: none"> Supervisors (Must be at higher position or rank than student.) University/College Testing Center, Private Testing Center, Office of Waldorf University Representative, Base Testing Office School Principal, Vice Principal, Full-time Librarian, Teacher, or School Counselor College Professor, Dean, or Director Human Resource Manager, Training Director/Officer Minister, Priest, or Rabbi of an established church, temple, mosque, or synagogue <p>Unacceptable Proctors</p> <ul style="list-style-type: none"> Assistant, tutor, neighbor, co-worker, relative, friend, Waldorf College student, or anyone with a conflict of interest. <i>The individual you select to serve as your proctor must have no vested interest in your doing well on your exam.</i> <p><i>The proctor must provide a business card verifying his/her qualifications. Please attach here or submit on a separate piece of paper. A letter from the proctor's employer may be substituted for the business card if one is not available. This request will not be considered without the required support documentation.</i></p>					

I hereby certify I meet the requirements of a Waldorf University proctor. As an authorized exam proctor, I agree to adhere to those responsibilities and procedures outlined in the Waldorf University Examination Proctor Policy when administering Final Exams. Most importantly, by my signature below I attest that I will only allow the student to access his/her exam in my presence and that I will remain in proximity during the taking of this exam. I will close student access to the exam at the end of the four hours allotted. I also agree that Waldorf University may contact me for verification purposes and I grant permission for Waldorf University to verify my credentials.

Proctor Signature

Date