GFC MSU Remote Student- Proctor Agreement

Completed, signed forms must be returned to the testing center by:
Fax: 406-771-5125 or scan and email to etesting@gfcmsu.edu

A NEW FORM MUST BE COMPLETED FOR EACH 8-WEEK BLOCK OR SEMESTER FOR 16-WEEK COURSE. AT LEAST 1-WEEK PRIOR TO FIRST EXAM DATE.

Student’s Contact Information (Please print legibly to avoid delays)

Name_______________________________Phone________________

Email_______________________________

Street Address________________________City________________State____

<table>
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<tr>
<th>Course Number</th>
<th>Instructor Name</th>
<th>1st Block/ 2nd Block/Semester</th>
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By signing below, you agree to the following:

- I will identify a proctor who meets institutional requirements.
- I will complete and return this form within the first week of the start of semester.
- I will provide proctor with all test dates to ensure they will be available for ALL scheduled dates.
- I will appear on time to the testing location with photo ID ready.
- I will comply with All testing rules specified by my instructor.
- I will be responsible for paying all testing fees, to include scans or faxing.
- I will abide by the GFCMSU Student Conduct Code, especially 300.10 and 300.40.

Student Signature __________________________________ Date ______________________

If for any reason you must find a new proctor, you must contact the Testing Center ASAP before your next exam. A new proctor agreement form must be completed.

Testing Center: 2100 16th Ave S, R274. 406-268-3711
To be an approved proctor, you must select one of the following: If you are not able to mark an option below, but you feel you meet all other criteria, please contact the Testing Center ASAP.

- Official Testing Center of an Accredited University or College. Dean, Academic Department Head
- Superintendent, Principal, Guidance Counselor or Librarian of Public or Parochial schools
- Public Library, either Head Librarian or Reference Librarian
- Corporate Education Director
- Job Service employee

Proctor’s Contact Information (Please write legibly to avoid delays)

Name___________________________________Position____________________

Name of Company/ Institution__________________________________________

Business Address_________________________City_______________State_____ Phone________________________ Email___________ ____________________

MUST BE AN INSTITUTIONAL OR PROFESSIONAL EMAIL ADDRESS; NO GMAIL, YAHOO, ECT
All proctors must be verified and have a work-related email address. As part of this verification process, proctors may be asked to provide a photocopy of a valid photo ID or business card.

By signing below, you agree to the following Proctor Responsibilities

I agree to proctor __________________________ (student name) for the course listed above

- I will always monitor the student and computer screen during the entire exam.
- I will adhere to the specific instructor rules, which will be provided by GFCMSU at the beginning of the term.
- I will verify the identity of the student before each exam, with a photo ID.
- I will provide adequate exam security for as long as the documents are in my care.
- I will provide the student an appropriate testing environment.
- I understand that exams must be taken in an educational/professional setting.
- I understand that under NO circumstances that a residential setting is appropriate.
- I AM NOT any of the following to this student: Family member, friend, supervisor, direct report, coworker, church official, coach or trainer.
- I will report any suspicious behaviors or attempts to cheat to GFCMSU Testing Center immediately.

Questions: Contact GFCMSU Testing Center at 406-268-3711/ 406-771-5144 or etesting@gfcmsu.edu