



## Proctor Application Form

**Student Name:**

**Date of Exam:**

**Course Title:**

**Course Code:**

**Student Email:**

PLEASE COMPLETE THE SECTION BELOW AND ENSURE THAT BOTH YOU AND THE STUDENT HAVE SIGNED THE FORM.

PLEASE NOTE: This form must be returned to the OntarioLearn Office at least 10 business days prior to your scheduled exam date.

By Email: [Amy.Hutchinson@georgiancollege.ca](mailto:Amy.Hutchinson@georgiancollege.ca)

**Proctor Name:**

**Title:**

**Business/Organization:**

**Address:**

**City:**

**Business Telephone Number:**

**Professional Email:**

**PROCTOR AGREEMENT**

**As a proctor, I agree to the following** (check those that apply)

I am an education official, librarian or teacher at a community college, university, elementary or secondary school

I am in a supervisory position and not a co-worker of the student writing the exam

I am not a relative of the student, nor do I live at the same address as the student

I will administer and supervise the indicated exam

I will assure that the student does not have access to the exam either prior to or after the exam date

I will mail the completed exam(s) back to Georgian College immediately after the student has completed the exam

Thank you for agreeing to assist in the invigilation of our exam. We will confirm the above information prior to emailing out the final exam.

Please note students are responsible for any mailing or proctoring fees.

Signature of Proctor:

Signature of Student: