



Proctor Agreement Form

Division of Continuing Education
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This form is **required** for courses that require proctored exams. Complete the form in its entirety and return to the address above. If you would like to have your exams proctored by the Division of Continuing Education, please contact us.

Name: _____
CSUID: _____
Course #: _____ Term: _____

I agree to serve as a proctor for examinations to be administered to the individual whose name and student CSUID appears above or for all students whose names are on the attached list.

Proctor Name: _____
Title: _____
Relationship to Student: _____
Company: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Email: _____

I certify that the above information is correct. I agree to monitor examinations and verify that the academic integrity of these examinations is not compromised.

Proctor Signature: _____ Date: _____

Colorado State University reserves the right to verify a proctor's identity, require additional proof of eligibility, or require the selection of a different proctor. The Proctor Agreement may be terminated at will by the proctor, student, or Colorado State University by providing written notification to all parties involved.