

**DISTANCE DEGREES
INDIVIDUAL FORMAT
PROCTOR AGREEMENT**



Knowledge to Go Places

Division of Continuing Education
Distance Degrees
1040 Campus Delivery
Spruce Hall
Fort Collins, CO 80523-1040
(970) 491-5288
Toll-free (877) 491-4336
FAX (970) 491-7885

This form is **required** for those courses that require a proctor form. Complete the form in its entirety.
(If you are unsure as to whether your course requires a proctor form, please call.)

Name: _____

CSUID: _____

Course No(s): _____ Term: _____

I agree to serve as proctor for examinations to be administered to the individual whose name and Student Identification Number appear above, or for all students whose names are on the attached list. (Please type or print all information.)

Proctor Name: _____

Title: _____

Company: _____

Business Address: _____

City/State/Zip: _____

Phone: (work) _____ FAX: _____

Relationship to student: _____ 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. This Proctor Agreement may be terminated at will by the proctor, student, or Colorado State University by providing written notification to all parties involved.

**Attach to registration form and send to the
Distance Degree Administration Office.**