If you are unable to come on campus and would like to have your exam(s) administered through an alternative proctoring center, please fill out this form in its entirety and email it to your professor for approval.

PROCTORING CENTER AGREEMENT FORM

Student First Name: ___________________________ Student Last Name: ___________________________

Panther ID: ___________________________ Date: ___________________________ Course: ___________________________

PROCTORING CENTER INFORMATION

Proctoring Center Name: __________________________________________________________

Proctoring Center Address: __________________________________________________________

Proctoring Date (mm/dd/yyyy) and Time (hh:mm AM/PM): ___________________________

City: ___________________________ State/Country: ___________________________ ZIP: ___________________________

Phone number during business hours: (___) ___________________________

Time Zone: ___________________________

E-mail address: ___________________________ MUST be a business e-mail address.

Proctoring Center Website: ___________________________

Please note that using a proctoring center requires prior approval from your instructor.

To be read and signed by the student:

I have read FIU’s Academic Honor Code and agree to comply. ☐ Yes ☐ No

Student’s Signature: ___________________________ Date: ___________________________