

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:** _____