



Georgia Legislative Exemption Exams Proctor Form

STUDENT INFORMATION (To be completed by student)

Name:

VSU ID:

870

VSU e-mail:

_____@valdosta.edu

Mailing Address:

Phone:

Testing Date:

Exam(s) To Be Completed:

** Please check with your advisor or Banner to determine*

☐ History

☐ Constitution

PROCTOR INFORMATION

Name:

Institution:

Business e-mail*:

Title/Department:

Work Phone:

Signature:

* Personal e-mail addresses (i.e. Gmail, Outlook, Yahoo, etc.) will not be accepted.

Students, please note that proctoring fees may be charged at your chosen testing site. Any proctoring fees are the responsibility of the student.

Proctors, once you have been approved to administer the exam you will be sent specific instructions regarding the administration of the exam. This information will be sent via e-mail to the address on this form.

OFFICE of TESTING

PHONE 229.245.3878 • FAX 229.293.6309 • WEB www.valdosta.edu/testing • ADDRESS 1500 N. Patterson St. • Valdosta, GA 31698-0164
LOCATION Powell Hall East • EMAIL testing@valdosta.edu

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Valdosta State University Proctor Security Agreement Form

Proctor Qualifications:

- Has access to a computer that is connected to the internet;
- Is familiar with accepted practices for administering standardized tests;
- Has no vested interest in the student's scores;
- Is not related to the student;
- Is employed by an educational institution or public library.

I, _____ (Please Print), certify that I meet the proctor qualifications listed above, and I agree to administer the Georgia Legislative Exemption Exams to _____ (Name of Student), in a secure, proctored environment and to be present throughout the testing session.

- I agree to verify the identification of the student named above by the use of a valid picture ID issued by a state or federal agency (i.e. driver's license, passport, military ID).
- I agree to take all necessary precautions and actions to ensure the security and confidentiality of the examination.
- I agree NOT to reproduce or copy, in any fashion, in whole or part, any of the materials of the examination. I acknowledge that all said materials are protected under copyright, and I agree NOT to share, in any way, such materials with any unauthorized persons.

Proctor Name

Proctor Signature/Date

Please complete this form, then fax or scan and email to:

Rebecca L. Taylor, Director of Testing

Valdosta State University Office of Testing

Phone: 229-245-3878

Fax: 229-293-6309

e-mail: rltaylor@valdosta.edu

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