Proctoring Form from Northern State University

Complete this form to have a proctor approved for an NSU exam as required by some instructors. If you live in one of the following areas, you are advised to have your exams proctored by one of the below testing sites. Use the contact information below to schedule your exam.

Please check the region of your choice:

	Region / Location	Phone	Email
☐	Pierre area / Capital University Center	605-773-2160	sdsu.cuc@sdstate.edu
☐	Spearfish area / Black Hills State University	605-642-6099	BHSPTestingCenter@bhsu.edu
☐	Rapid City area / SD School of Mines & Technology	605-394-2428	thomas.mahon@sdsmt.edu
☐	Madison area / Dakota State University	605-256-5101	assessoffice@dsu.edu
☐	Brookings area / South Dakota State University	605-688-6460	sdsu.testing@sdstate.edu
☐	Sioux Falls area / University Center	605-274-9500	testingcenter@sduniversitycenter.org
☐	Vermillion area / University of South Dakota	605-677-6143	testingcenter@usd.edu

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Proctor Information:
In order to maintain academic integrity please do not submit the name of a relative, close friend, neighbor or roommate. All exams must be taken in a professional setting, not in a private home. **Your proctor must be an educational professional at either a high school or university, a clergy member, a librarian, or any professional approved by your instructor.**

I am (please check one): ___Superintendent/Principal ___Teacher at a high school
___Librarian ___Clergy ___Guidance Counselor ___ Professor at a college
___Other Professional _____

I verify that I am not a relative, close friend, or have a close relationship with the above student. I understand that proctoring tests for Northern State University is an important and valuable service. I understand that I am responsible for reporting to the Assessment Office any suspicious or verifiable acts of student dishonesty. I am an objective party and I do not have a clear or apparent conflict of interest. Please decline this invitation if you have a clear or apparent conflict of interest to protect the students' academic record and the academic integrity of Northern State University.

Proctor Signature_____Date_____
Proctor Printed Name_____
Business or School Name_____
Business Address_____
City, State, Zip_____
Business Phone_____Email address_____

Student Information
Semester & Year_____ Course Instructor/Email address _____

Course Name/Number _____

I verify that I am not a relative, close friend, neighbor or have a close relationship with the proctor listed above.

Student Printed Name_____
Student Signature_____
NSU Email address_____
Phone no._____NSU ID No._____

Please have your off campus proctor complete this form and then return this form to the course instructor that you have listed above.