

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:

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

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.