

Proctor Approval Form

Distance Learning Center
University of Wisconsin-Superior

Fall Term _____
Spring Term _____
Summer College _____

Student _____ Campus E-mail _____ ID Number _____

Student's Address _____

PROCTOR: Please complete this section, and return with the required documentation attached, to the Distance Learning Center, UW-Superior, PO Box 2000, Superior, WI 54880-4500. FAX: 715-394-8139.

Proctor's Name _____ Title _____
Please attach business card, if possible

Proctor's Institution (Library, College, University, etc) _____

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

I am eligible to serve as an examination proctor under the criteria indicated below.

_____ A full-time member of the teaching faculty or an educational administrator at any regionally accredited institution of higher education. **Submit a photocopy** of the front cover of the institution's directory or catalog and the page that lists the proctor's name and title.

_____ A full-time, state-certified elementary or high school teacher, or school librarian. **Submit a letter** on official letterhead from the person's principal or superintendent verifying his or her position. A photocopy of a teacher's certification is not sufficient.

_____ Any educational administrator who holds a position similar to high school superintendent, supervising principal, principal, or Intermediate Unit administrator (whose name appears in the institution's directory or catalog). **Submit a page from the directory or catalog** showing the proctor's title as well as the institution's name. **Important: A currently employed teacher may not request a fellow teacher as proctor. A superintendent or principal from the same school district is acceptable.**

_____ A public librarian who holds a library science degree. **Submit a letter** written by this person's supervisor on official letterhead of the library system in which he/she is employed. The letter must include verification of the proctor's employment, highest degree earned, and job title.

_____ For personnel of the armed forces: any commissioned officer of higher rank than the student; a base commander; a noncommissioned officer in command of a military post; an education officer; or a base librarian. **Submit a letter** on official letterhead from the base commander (or an authorized representative) verifying the proctor's position.

_____ Testing Center or Student Services Office at an accredited college or university.

I agree to proctor examinations for the above named student in accordance with the written directions provided by the instructor and the University of Wisconsin-Superior Distance Learning Center. I certify the information on this form is true and complete. I understand that inaccurate or misleading information may affect the student's academic status at the University of Wisconsin-Superior. I agree to notify the Distance Learning Center immediately if any of the above information or circumstances change.

Proctor's Signature _____ Date _____

FOR OFFICE USE ONLY:

Proctor meets criteria. Proctor is approved. _____

Proctor does not meet criteria. _____ Student: Please resubmit a new form with proctor designee that meets criteria above.

DLC Administrator _____ Date _____