



Alternate Proctored Location Form

It is the student's responsibility to locate and identify an appropriate proctor. The selected proctor MUST:

1. NOT be a family member, friend, or co-worker.
2. Be employed by an education institution, public library, or other pre-approved agency.
3. Be available to speak to a representative of the University of Connecticut for verification.
4. Be able to receive email and attachments and print the attachments.
5. Have access to a fax or scanner to send completed exams back.

My signature certifies:

- I will abide by the University of Connecticut's Student Code of Conduct and Academic Integrity.
- I am not directly related to the proctor or residing in the same household.
- I will not make additional copies of the exam.
- I will follow all test condition guidelines set forth in the testing packet.

Student Signature: _____ **Date:** _____

Student Information

Name	Student ID	Professor
Mailing Address		
Email Address	Phone	Course Number

Proctor Information

Name	Position/Title	Employer/Organization Name
Mailing Address		
Email Address	Phone	Fax

My signature certifies:

- I will act as a proctor for the above student.
- I am not directly related to the student or residing in the same household.
- I agree to fax or email all completed exams and mail all original copies to the University of Connecticut.
- I will not make additional copies of the exam.
- I will follow all proctor guidelines set forth in the testing packet.

Proctor Signature: _____ **Date:** _____