Before completing this form, you must read the Guidelines for Distance Learning Program Proctor. Please choose a person from one of the following approved, professional categories: 1) a librarian, 2) a teacher, counselor, or administrator at a local school or college, 3) your personnel director at your place of employment—providing your business is large enough to have a specific personnel department and you do not work in that department 4) an ordained member of the clergy—this must be a full-time job, some restrictions apply.

(Submit form to UW-Platteville Distance Learning Center, 1 University Plaza, Platteville, WI 53818; or scan/email to disted@uwplatt.edu)
For questions, call 800.362.5460.

STUDENT’S NAME: _____________________________________________________________________________________________

Student’s Job Title (no abbreviations): _____________________________________________________________________________

Student’s Employer or Business Name: ______________________________________________________________________________

Student’s Employer Address: _______________________________________________________________________________________

Student’s Home Street Address: ____________________________________________________________________________________

City, State, Zip: _________________________________________________________________________________________________

Daytime Telephone: (________ )_______________________ Campus E-Mail Address: _____________________________@uwplatt.edu

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PROCTOR’S NAME: ________________________________________________________________________________________________

PROCTOR’S JOB TITLE (please DO NOT use abbreviations): ________________________________________________________________

Identify the location where exams will be sent AND administered (THIS MUST BE THE PROCTOR’S BUSINESS/ WORK ADDRESS, NOT A PRIVATE HOME ADDRESS):

Proctor’s Employer or Business Name (example: Platteville Public Library): ____________________________________________________________________________________________

Street Address: __________________________________________________________________________________________________

Business Mailing Address (if different than street address): ________________________________________________________________

City, State, Zip: _________________________________________________________________________________________________

Proctor’s Work Phone No.: (________ )_______________________ Proctor’s Fax No.: (________ )_______________________

Proctor E-Mail Address: ____________________________________________________________

THE ABOVE INFORMATION WILL BE VERIFIED—BE SURE TO GIVE COMPLETE INFORMATION AND ANSWER ALL FIELDS. IF THIS FORM IS NOT COMPLETE, IT WILL BE RETURNED TO YOU.

Specify the type of setting in which exams will be administered (i.e., office, library, etc.): ____________________________________________

Student’s relationship to proctor - be specific: _______________________________________________________________________

How long have you known the proctor? ____________________________________________________________________________

(Your proctor will need to see an I.D. with a picture before you can take exams, if he/she is not previously acquainted with you—please have the I.D. available when you go to take exams.)

I have read the rules for taking proctored exams and agree to abide by them. I certify that the information on this form is true and complete and I understand that if I supply inaccurate or misleading information, I may be subject to discipline and my academic status with the University of Wisconsin-Platteville may be affected. I will also notify the Distance Learning Center office of any changes in the above information.

Student’s signature: __________________________________________ Date: ____________________

***********************SECTION BELOW FOR DLC OFFICE USE ONLY***********************

PRE-APPROVED? YES NO MAYBE University Signature ____________________/ Date__________