

## SAINT LEO UNIVERSITY PROCTOR AGREEMENT FORM

## **Student Information**

First Name	Last Name	Last NameM.I		
Saint Leo Student Number	E-mail			
Major and Specialization				
Proctor Information				
First Name	Last Name	M.I.	M.I	
Position/Title	Relationship to Student	Relationship to Student DOB		
Proctor E-mail Address				
Mailing Address (this exam will be mailed	US mail)			
Proctor Phone Number (home)	(work)			
Address of Testing Place	City	State	Zip	
Each student has the responsibility to r cheating, plagiarism, or any other form work as one's own, active complicity in	of academic dishonesty. Academic dis	shonesty is represer		
PROCTOR AGREEMENT As a Proctor, I agree to uphold the Sain to administer the examination(s) as per	t Leo University standards for academic	c honesty. It is my		
during the examination.	,,,	·		
I understand my presence and cooperation comply with Saint Leo University's policy of in the test administrator's manual(s) to the exam and will need to coordinate a time for	on academic honesty and to perform the dubest of my ability. I know that I will be ma	uties of Proctor as out illed the exam and ins	tlined here and	
I further understand that the student is respective for administering the test.	ponsible for compensating me for return po	ostage and any comp	pensation I may	
Signature of Proctor	Da	te		