SAINT LEO UNIVERSITY PROCTOR AGREEMENT FORM

Student Information
First Name ___________________________ Last Name ___________________________
Saint Leo Student Number ___________________________ E-mail ___________________________
Major and Specialization ____________________________________________________________________________

Proctor Information
First Name ____________________________________ Last Name ___________________________
Position/Title ___________________________ 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____

HONOR CODE STATEMENT
Questions of academic honesty are of great importance to Saint Leo University. As members of the academic community that places a high value on truth and the pursuit of knowledge, Saint Leo students are expected to be honest in every phase of their academic lives and to present as their own work, only that which is genuinely theirs.

Each student has the responsibility to maintain the highest standards of academic integrity and to refrain from cheating, plagiarism, or any other form of academic dishonesty. Academic dishonesty is representing another’s work as one’s own, active complicity in such falsification, or violating test conditions.

PROCTOR AGREEMENT
As a Proctor, I agree to uphold the Saint Leo University standards for academic honesty. It is my responsibility to administer the examination(s) as per the test administrator’s manual(s) provided me, to monitor the student during the examination.

I understand my presence and cooperation is essential to the examination process, and I, __________________, agree to comply with Saint Leo University’s policy on academic honesty and to perform the duties of Proctor as outlined here and in the test administrator’s manual(s) to the best of my ability. I know that I will be mailed the exam and instructions for the exam and will need to coordinate a time for the student to complete the exam in my presence.

I further understand that the student is responsible for compensating me for return postage and any compensation I may require for administering the test.

____________________________________________________________________________________________
Signature of Proctor ___________________________ Date ___________________________