



STUDENT/PROCTOR VERIFICATION FORM

NOTE: This completed form must be submitted with the student's exam in order to validate it as part of the proctoring process

INFORMATION

First Name of Student: _____ Last Name of Student: _____

First Name of Proctor: _____ Last Name of Proctor: _____

EXAM INFORMATION

Name of course: _____

Date of the exam: _____ Time of the exam: _____

Location of exam: _____

TO BE COMPLETED BY PROCTOR

Please initial next the following guidelines to indicate that the student followed them.

- _____ The student did not consult with anyone on answers to the exam questions.
- _____ The student did not provide guidance on exam answers to others taking the exam.
- _____ The student did not make a copy of the exam or send it to anyone.
- _____ The student adhered to the exam deadline.
- _____ The student did not use an internet capable device during the exam.

Was the testing procedure compromised due to the student's improper conduct? ___ No ___ Yes

If yes, please make note of this conduct here:

STATEMENT OF VERIFICATION OF STUDENT

I, the above named student, hereby verify that I have independently completed this examination and did not share the exam or my answers with anyone.

Student's Signature

Date

STATEMENT OF VERIFICATION OF PROCTOR

I, the above named proctor, hereby verify that I have supervised the administration of this particular examination. The above named student has completed this examination following all regulations as outlined in Nimbus Christian Education's policy for proctoring exams.

Proctor's Signature

Date