

PROCTOR/TEST FORM
PLEASE READ INFORMATION COMPLETELY BEFORE RETURNING

Please use this form to identify the proctor for your exams. You must return a proctor/test form for each course that is taken in order for CE to know where to send the test; only one form per class is needed. If a proctor form is not returned, a test will not be sent. Exams will not be faxed. Your proctor is responsible for administering the test and returning the completed exam to our office. You are responsible for any postage or proctoring fees.

If you live in the following areas you are advised to complete your exams at these sites. These sites offer a professionally managed testing environment with extended hours.

*Please check the proctor site of your choice	Site	USD Proctor Centers	Phone Numbers
<input type="checkbox"/>	Pierre Area	Capital University Center	605-773-2160
<input type="checkbox"/>	Rapid City Area	Higher Education Center – West River	800-874-7518 or 605-394-6720 or 605-394-5285
<input type="checkbox"/>	Sioux Falls Area	University Center	866-220-7085 or 605-367-5989
<input type="checkbox"/>	Vermillion Area	Continuing Education at USD	800-233-7937 or 605-677-6240

*** If you will be testing at one of the above sites, you may skip the proctor information section below. Go directly to the Student Information section. If you will be using a proctor other than one of the listed sites above please fill out the proctor information below.**

Proctor Information: (This section is not required if you will be testing at one of the sites listed above.)

In order to maintain academic integrity please do not submit the name of a relative, close friend, neighbor, or roommate. All exams must be taken in a professional setting, not in a private home. **Your proctor must be the superintendent or principal of your local school, the county superintendent of schools, a librarian, a member of the clergy, the registrar or dean of a college or university or any professional approved by the Division of Continuing Education**
Please be sure to schedule your exam(s) with your proctor at least 2 business days in advance.

I am (Please check one): Superintendent/principal of local school County superintendent of schools
 Librarian Clergy Registrar or Dean of University Other professional (to be approved by Continuing Education)
 Identify profession: _____

*I verify I am not a relative, close friend, neighbor, or have a close relationship with the above student. I understand that proctoring tests for The University of South Dakota is an important and valuable professional service. I understand that I am responsible for reporting to CE any suspicious or verified acts of student dishonesty. I am an objective party and I do not have a clear or apparent conflict of interest. **Please decline this invitation if you have a clear or apparent conflict of interest to protect the students' academic record and the academic integrity of The University of South Dakota.***

Proctor Signature _____ Printed Name _____

Business Name _____

Business Address _____ City, State, Zip _____

Business Phone _____ Email Address _____

Student Information (Every student must complete this section) Semester _____

I verify I am not a relative of, close friend, neighbor, or have a close relationship with the proctor listed above.

Student Signature _____ Printed Name _____

ID _____ Telephone _____ USD Email Address _____

Course Name/Number/Course Delivery Method _____