

PLEASE RETURN THIS FORM BY EMAIL, FAX OR MAIL TO:

414 E. Clark Street • Vermillion, SD 57069-2390 • testingcenter@usd.edu • 605-658-6143 • Fax: 605-677-6118

PROCTOR AGREEMENT:

I am one of the following in charge of proctoring Dual Credit students:

- Professional testing center
- Principal or superintendent
- Professional librarian
- State-certified high school teacher or counselor

Name: _____ Phone Number: _____

Organizational* Email Address (REQUIRED): _____

*Tests and passwords will not be sent to a personal email under any conditions. Examples include Gmail, Yahoo, etc.

Employer: _____ Job Title: _____

Business Address: _____

Testing Site: _____ Testing Site Address: _____

By signing below, you verify that you have read, understand, and agree to the guidelines outlined on the Proctoring Guidelines for Proctors, attached and found at www.usd.edu/usd-online/testing-center/testing-center-frequently-asked-questions. Failure to comply with said guidelines constitutes a breach of academic integrity and will be subject to investigation and dismissal as a proctor.

PROCTORS:

1. The password must **NEVER** be shared with the student under any circumstances.
2. All instructions, sent with the exam information must be followed exactly and **NO** exceptions can be made for the student under any circumstances. This means only allowing allowed materials, making sure there are no cell phones, supplying the student with appropriate scratch paper, returning all required exam materials to the USD Testing Center, making sure the exam is being administered in a lock down browser, etc.
3. Testing must be done at a place of business, never a private home office or residence.
4. The proctor must monitor the student for academic dishonesty for the duration of the exam.

If any of the above rules are maliciously violated, the proctor's superintendent and principal will be notified immediately. Said proctor will not be allowed to proctor any future exams for the University of South Dakota. Proctoring an exam is a large commitment that if not done properly, could affect the proctor's reputation and or credentials.

Proctor Signature: _____ Date: _____

STUDENT AGREEMENT:

All Dual Credit students MUST fill out and sign the requested information below before the exam information will be sent and testing will be allowed!

STUDENTS:

1. Students should **NEVER** ask their proctor for the password under any circumstances.
2. All instructions must be followed exactly.
3. Cell phones and electronic devices are **NEVER** allowed including ear buds/music.
4. There will be **NO** exceptions to these instructions, and **NO** tolerance of any academic dishonesty.

If any of the above rules are violated, the student's instructor will be contacted immediately, by way of the USD Testing Center. The student may receive an "F" in the course, and possibly dismissed from the university. Students please know that by cheating you could be putting yourself and your proctor in a situation that could affect both of your careers and reputations indefinitely.

By signing below, you verify that you have read, understand, and agree to the guidelines outlined on the Proctoring Guidelines for Students, attached and found at <http://www.usd.edu/usd-online/testing-center/testing-center-frequently-asked-questions>. Failure to comply with said guidelines constitutes a breach of academic integrity and will be subject to the consequences outlined at www.usd.edu/academic-integrity.

Student Name: _____ Student ID: _____

USD Email Address: _____ Phone: _____ Proctor Name: _____

List Course(s), Section(s), and Instructor(s) below. (Example: MATH 240, U19)

Course: _____ Section: _____ Instructor: _____ Semester: Fall Year: _____

Course: _____ Section: _____ Instructor: _____ Spring

Course: _____ Section: _____ Instructor: _____ Summer

Student Signature: _____ **Date:** _____

Student Name: _____ Student ID: _____

USD Email Address: _____ Phone: _____ Proctor Name: _____

List Course(s), Section(s), and Instructor(s) below. (Example: MATH 240, U19)

Course: _____ Section: _____ Instructor: _____ Semester: Fall Year: _____

Course: _____ Section: _____ Instructor: _____ Spring

Course: _____ Section: _____ Instructor: _____ Summer

Student Signature: _____ **Date:** _____

TESTING CENTER DUAL CREDIT PROCTOR FORM



Student Name: _____ Student ID: _____
USD Email Address: _____ Phone: _____ Proctor Name: _____
List Course(s), Section(s), and Instructor(s) below. (Example: MATH 240, U19)
Course: _____ Section: _____ Instructor: _____ Semester: Fall Year: _____
Course: _____ Section: _____ Instructor: _____ Spring
Course: _____ Section: _____ Instructor: _____ Summer
Student Signature: _____ **Date:** _____

Student Name: _____ Student ID: _____
USD Email Address: _____ Phone: _____ Proctor Name: _____
List Course(s), Section(s), and Instructor(s) below. (Example: MATH 240, U19)
Course: _____ Section: _____ Instructor: _____ Semester: Fall Year: _____
Course: _____ Section: _____ Instructor: _____ Spring
Course: _____ Section: _____ Instructor: _____ Summer
Student Signature: _____ **Date:** _____

Student Name: _____ Student ID: _____
USD Email Address: _____ Phone: _____ Proctor Name: _____
List Course(s), Section(s), and Instructor(s) below. (Example: MATH 240, U19)
Course: _____ Section: _____ Instructor: _____ Semester: Fall Year: _____
Course: _____ Section: _____ Instructor: _____ Spring
Course: _____ Section: _____ Instructor: _____ Summer
Student Signature: _____ **Date:** _____

Student Name: _____ Student ID: _____
USD Email Address: _____ Phone: _____ Proctor Name: _____
List Course(s), Section(s), and Instructor(s) below. (Example: MATH 240, U19)
Course: _____ Section: _____ Instructor: _____ Semester: Fall Year: _____
Course: _____ Section: _____ Instructor: _____ Spring
Course: _____ Section: _____ Instructor: _____ Summer
Student Signature: _____ **Date:** _____