PROCTOR APPROVAL FORM

Print this form. This form must be presented by the student to the proctor, in person.

Criteria for designated proctors (please check the appropriate category for the person named below):

- A University or college testing center
- A university or college faculty member
- A school administrator, school psychologist, or other school official
- A professional librarian
- A Tutoring and learning center
- A military officer

Note: Proctors may NOT be relatives, close personal friends, or other students. All exam information will be sent via email and/or to the proctor's place of business. If none of the above categories are feasible, contact me as soon as possible.

To be completed by the STUDENT – Please print clearly or type:

Name ______________________________________
___________________________________________
___________________________________________
Address ____________________________________
___________________________________________
City, State, Zip ______________________________
Current Daytime phone _______________________

Note to Proctor: Thank you for serving as a proctor for our online student(s)! Please complete the form below and return it to Xianwei Van Harpen via email at vanharpe@uwm.edu as soon as possible. Once approved, the exam directions will be sent to you two days prior to the exam date. The exam will be given online. The student must bring his/her own computer or verify that ALEKS works on the computer provided before the exam time. The student is responsible for bringing clean (unmarked) paper and graph paper as well as a valid UWM photo ID. Personal calculators are NOT permitted. If you have any questions or concerns please contact Lijuan Bi at lijuanbi@uwm.edu.

To be completed by PROCTOR – Please print clearly or type AND check the appropriate category above:

Name ______________________________________
___________________________________________
Title/Position _______________________________
___________________________________________
Company/Business Name _____________________
___________________________________________
Company/Business Address ___________________
City, State, Zip ______________________________
Daytime Phone Number _______________________
Daytime Fax Number _________________________
E-mail ________________________________
___________________________________________
___________________________________________
Date of the exam ____________________________
Starting time _______________________________
Ending time _______________________________
Exam location if not at your place of business __________________

I have met the above named student and I agree to proctor examinations for this student in accordance with the written directions provided by the instructor. I certify that the information on this form is true and complete, and that I am not a relative or close personal friend of the student named above, and I am not a student. I understand that inaccurate or misleading information may affect the student's academic status at the University of Wisconsin -

Please keep this copy of the form for your records, should questions arise.
UWM – Semester, Course & Section Number: 
Instructor: 

Milwaukee. I also agree to notify the instructor immediately if any of the above information or circumstances change. **Note: Exam information will not be submitted to a proctor until the proctor has been approved.**

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<th>Signature</th>
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Date ________________

Please keep this copy of the form for your records, should questions arise.