

**MOHAWK COLLEGE – DISTANCE EDUCATION
PROCTOR INFORMATION FORM**

You must live more than 100 km from the College to use a proctor!

PLEASE PRINT - USE ONE PROCTOR FORM FOR EACH EXAM

Student's Name (last): _____ (first) _____

Student I.D. #: _____ Telephone: () _____

Address: (street) _____

(city) _____ (province) _____ (postal code) _____

Course Name: _____

Course Number: _____ Email Address: _____

****IMPORTANT****

Date Exams to be Written (must be written within the last seven days of the course)

Midterm (if required): _____ Final: _____

Proctor Information

Testing Centre Contact Name: _____

Name of College/University: _____

College/University Address: _____

(City) _____ (province) _____ (postal code) _____

Business Phone #: () _____ **Business Email address:**

As proctor, I certify that I meet the requirements of Mohawk College's Proctor Policy as follows: I am a teacher or administrator at a community college or university and to eliminate conflict of interest problems, I am not a relative, friend, neighbour, co-worker (including immediate supervisor) or living at the same address of the student.

**** Any fees charged by proctors are the student's responsibility ****

****Exam must be written in an educational setting.****

Date: _____

Proctor Signature: _____ Student Signature: _____

PLEASE FORWARD TO:

Mohawk College - Distance Education

135 Fennell Avenue West, Hamilton, Ontario L8N 3T2

EMAIL: deexams@mohawkcollege.ca QUESTIONS? 905-575-2703 FAX NUMBER: 905-575-2381