

Distance Education / OntarioLearn

Proctor Information Form

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

Use **ONE proctor form** for each exam.

Student and Course Information	tion:		
Student's Name: (First)		(Last)	
Student Mohawk ID (9-digit):		Phone Number	: ()
Address: (Street)		(City)	(Province)
(Postal Code)	Email Address:		
Course Code:	Course Name:		
Testing Date and Time: **Important: Exam must be writt	en within the last seven day	ys of the course.	
Midterm:	Final Exam:		
Proctor Information (To be c	ompleted by the Procto	<u>r):</u>	
Testing Centre Contact Name:			
Name of College/University/Inst	itution:		
College/University/Institution M	ailing Address:		
(City)	(Province)		(Postal Code)
Business Phone #: () Testing Centre Email Address:			
teacher or administrator at	a community college or ghbour, co-worker (incl	university and to elir	's Proctor Policy as follows: I am a minate conflict of interest problems, I pervisor) or living at the same address
**Any	**Exam must be writte fees charged by procto		_
Proctor Signature:	St	tudent Signature:	

PLEASE FORWARD COMPLETED PROCTOR FORM TO:

Mohawk College, Online Learning, Continuing Education 135 Fennell Avenue West, Hamilton, Ontario L9C 0E5 OR

Scan and email your proctor form to exams@mohawkcollege.ca
For questions or concerns, please contact 905-575-2154