

If you are unable to come on campus and would like to have your exam(s) administered through an alternative proctoring center, please fill out this form in its entirety and email it to your professor for approval.

PROCTORING CENTER AGREEMENT FORM

Student First Name: _____ Student Last Name: _____

Panther ID: _____ Date: _____ Course: _____

PROCTORING CENTER INFORMATION

Proctoring Center Name: _____

Proctoring Center Address: _____

Proctoring Date (mm/dd/yyyy) and Time (hh:mm AM/PM): _____

City: _____ State/Country: _____ ZIP: _____

Phone number during business hours: (____) _____

Time Zone: _____

E-mail address: _____ **MUST be a business e-mail address.**

Proctoring Center Website: _____

Please note that using a proctoring center requires prior approval from your instructor.

To be read and signed by the student:

I have read **FIU's Academic Honor Code** and agree to comply. Yes No

Student's Signature: _____ **Date:** _____