

LAKE SUPERIOR COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM
Student Rules & Off-Campus Proctor Verification Form
STUDENTS MUST BRING TO THE TESTING SITE THE DAY OF THE EXAM

Student Name: _____ Course: _____ Date: _____

Instructor: _____ Phone: _____ Fax: _____

1. It is the student's responsibility to know if they are required to have proctored exams.
2. The student will identify a proctor for off-campus proctoring (if applicable) and submit that information to their instructor for approval.
3. The student must verify their identity by showing a state or federal picture ID before taking the proctored exam.
4. Students may not use textbooks, notes, calculators, cell phones, or other electronic devices while taking the exam unless noted by the instructor. Students may use a pencil/pen and scratch paper but the scratch paper must be turned in to the proctor after completion of the exam.
5. All personal items will be stored in a secure area by the proctor. The testing center is not responsible for lost, stolen, or misplaced personal items.
6. The student will be monitored by the proctor while taking the exam.
7. If there are problems that affect a student's ability to take the exam, the student will notify the proctor immediately.
8. The proctor cannot answer questions related to exam content. If the student has questions about the exam, the student will contact the instructor after he/she leaves the testing center.
9. If the student takes a break at any time, the exam timer will not be stopped (except for exams lasting more than 2 hours).
10. If the student takes a break (such as a trip to the bathroom), the student is not permitted to access personal items unless necessary (such as taking medication at a specific time).
11. The student will not copy the exam or take any answers with them from the testing site.
12. Any specific accommodations that the student might need have to be documented with LSC and arranged with the proctor ahead of time.
13. The student must pay all expenses associated with proctoring exams (if applicable). This could include envelopes and postage for returning tests or any special proctoring fees.

I, the undersigned, understand the information provided above and agree to follow these rules. If I do not follow the rules or I am suspected of cheating or tampering with the test or computer, this will be reported to my instructor, my exam may be invalidated, my instructor may take other action against me, and any special fee that was paid will not be refunded.

Student Signature **(test is not valid unless signed)** _____
Date

PROCTOR: Please complete after the exam and email to course instructor or FAX: (218) 733-2105

I certify that:

- ❖ I have read, understood, and agree to abide by the Instructions for Proctors for LSC PTA Program students.
- ❖ I have identified the student using photo identification (i.e. Driver's License, Student ID, etc.).
- ❖ I was present the entire time the student was taking the exam.
- ❖ To the best of my knowledge, no other individual assisted the student in the completion of the exam.
- ❖ To the best of my knowledge, the student did not use any textbook, notes, additional computers, calculators, cell phones, or electronic devices to assist in the completion of the exam unless approved by the Instructor.

Proctor Printed Name Proctor Signature Proctor E-mail Address