

LAKE SUPERIOR COLLEGE
Physical Therapist Assistant Program Proctor Authorization Form for
PTA Specific Courses

To be completed by Proctor. Please print

Student Name: _____
Proctor Name: _____
Relationship of Proctor to Student _____
Institution or Organization: _____
Mailing Address: _____ _____
Phone: _____ Fax: _____
Email: (must be work e-mail; no Yahoo, Hotmail, gmail address, etc): _____

Proctor Criteria:

1. Proctor must supply LSC with a mailing address, email address and phone number.
2. Family members, friends, and immediate co-workers cannot serve as proctors. **Supervisors may serve as proctors only in exceptional circumstances which must be pre-approved by the course instructor.**

I certify that I am an employee of the above institution or organization AND that I have no conflict of interest with regard to the proctoring of examinations for the student listed below. I have read and understand the "Instructions for Proctor" for LSC PTA Program students and agree to provide the requested level of exam security.

Proctor Signature: _____ **Date:** _____

Scan the completed form and e-mail to course instructor (please use subject: Proctor Authorization). See instructor options below.

PTA 2680 and PTA 2682: Aaron Hawley: a.hawley@lsc.edu

PTA 2780: Heidi Ramsdell: Heidi.ramsdell@lsc.edu

Fax or mail this completed form to: 218-733-2105
PTA Program - Lake Superior College
2101 Trinity Rd.
Duluth, MN 55811

THIS SECTION TO BE COMPLETED BY THE STUDENT: Course and Date/Time of Exam must be filled in	
Student Name: _____	Phone Number: _____
1 st COURSE(S) FOR WHICH THIS PROCTOR WILL BE USED: _____	Date/Time of Exam: _____
2 nd COURSE(S) FOR WHICH THIS PROCTOR WILL BE USED: _____	Date/Time of Exam: _____
3 rd COURSE(S) FOR WHICH THIS PROCTOR WILL BE USED: _____	Date/Time of Exam: _____
LSC COURSE INSTRUCTOR NAME(S): _____	