 University of Louisiana at Monroe

*Master of Occupational Therapy Program (MOT)*

PROCTOR AGREEMENT FORM

*(Must be completed on computer except signature and date of signature)*

## Student Information

*Student Name:* Click here to enter text. *CWID:* Click here to enter text.

*Cohort #:* Click here to enter text. *Date:* Click here to enter a date.

### Proctor Information

***Proctor Name:*** Click here to enter text.

***Proctor Cell Phone:*** Click here to enter text.

***Proctor Title and Employer:*** Click here to enter text.

***Proctor’s Business Address (No PO Boxes):***

***Name of Business***Click here to enter text.

***Street****:* Click here to enter text.

***City, State, Zip****:* Click here to enter text.

***Business Phone:***Click here to enter text.***Fax****:* Click here to enter text.

***Email:*** Click here to enter text.

*As Proctor, I agree to personally supervise examinations for the above student. I understand that this means that I must be present for the entire length of the student’s examination. I will see that no books, notes, collaboration, or other aids are used unless specifically authorized in the examination instructions by the ULM MOT faculty. I also agree to communicate directly with the instructor as requested to provide confirmation of the above conditions. I understand that if I do not provide verification of exam supervision, this student will not receive a grade.* ***I have read the ULM MOT Proctor Responsibilities. My signature below indicates my agreement with this above statement, the ULM MOT Proctor Responsibilities.***

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Proctor Signature Date of Signature

**University of Louisiana at Monroe**

**Master of Occupational Therapy Program**

Caldwell Hall Room 111

700 University Avenue

Monroe, LA 71209

[calk@ulm.edu](mailto:calk@ulm.edu)

318-342-5584 Fax