As a student in the MSIT distance program, you may be required to take a proctored exam at some point during your enrollment. When your instructor informs you that a proctored exam is required, you will be expected to complete and return this form for each examination at least one week prior to the exam date. Proctored exams can be completed by choosing one of the following options:

1. Come to our Pittsburgh campus to take the examination, or
2. Provide your own Exam Proctor who will administer the exam at your location.

For students taking their exam on campus, we will provide a proctor and testing room for you. Most distance students tend to choose an Exam Proctor that is conveniently located to them. The Exam Proctor must be someone who will uphold academic integrity in administering the exam on our behalf. Proctor duties typically entail receiving the exam, securing it until the designated exam period, verifying the student’s identity, monitoring the time and materials permitted, and returning the completed exam to us promptly. Acceptable proctors include, but are not limited to, a work supervisor, site manager, human resources representative, a faculty member or program administrator at your local university, a college testing center (http://www.ncta-testing.org/cctc/), or a librarian. A co-worker, fellow student, family member or friend is not an acceptable proctor. The MSIT program reserves the right to verify a proctor’s identity and/or require the selection of a different proctor.

TO BE COMPLETED BY STUDENT:

Student’s Name: __________________________  Last (family) name  First (given) name  Middle name/initial

Student’s Andrew ID: ______________________ Daytime Phone: ______________________

Email: ______________________

Course # and Title: ______________________

Instructor: ______________________

Exam Date: ________________  Exam Time: ________________

Check One: _____ I am naming a specific proctor.  (Complete Proctor section below.)

_____ I will come to the Pittsburgh campus.  (Do not complete Proctor section below.)

STUDENT Signature: ________________________________  Date: __________

TO BE COMPLETED BY PROCTOR:

Proctor’s Name: __________________________  Work Phone: ______________________

Title: __________________________  Fax Number: ______________________

Company: __________________________  Email: ______________________

Mailing Address: ______________________

______________________________

PROCTOR Signature: __________________________  Date: __________