



Testing Services
Harrison B. Wilson Building, Suite 133
700 Park Avenue, Norfolk, Virginia 23504-8060
Telephone: (757) 823-2504

PROCTOR VERIFICATION FORM

Important Notice: You have agreed to administer the exam listed below on the date and time listed. Please remind students that they must present a current and valid government issued or NSU ID upon arrival at the test center. No electronic devices or other unauthorized items are allowed in the testing room. Maintaining the integrity of the exam is of the highest importance. Please return this document to Dr. Gladys M. Bennett by email at the conclusion of the exam. Thank you for your assistance.

EXAM TITLE: _____

PERSON TAKING THE EXAM: _____

Exam Date: Month Day Year

Exam Start Time: _____ Exam End Time: _____

Password: _____ - **Do Not Share This Password With Student**

PROCTOR'S NAME: _____

TITLE: _____

ADDRESS: _____

PHONE: _____

ADDRESS OF EXAM SITE:

ORGANIZATION: _____

ADDRESS: _____

ROOM LOCATION:

Please identify the room where the exam is taking place. Feel free to use description like Conference Room, or Second room on the left, third floor, or Pete's office.



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For the following statements, please fill in the requested information and initial to verify each item. If you cannot verify the item, continue with the exam, but please provide an explanation.

- (1) Are there any notes, exam materials, or books related to the exam in the testing room?
_____ Yes, _____ No **Initials** _____
- (2) The person(s) taking the exam did not see or work on the exam after the test was over.
Initials _____
- (3) No one spoke or provided information to the person(s) taking the exam during the exam. **Initials** _____

I verify the above statements are true:

Proctor Signature: _____

Email this completed form to:

Gladys M. Bennett, Ph.D.

Department of Testing Services

(757) 823-8611 (Office)

gmbennett@nsu.edu