

# Summer/Winter Course Proctor Application

Department of Mathematics and Statistics · Binghamton University

## SECTION A — COMPLETED BY STUDENT AND SUBMITTED TO THE PROCTOR

Full Name

Class

B Number

Email (@binghamton.edu)

Daytime Phone

Course Name / Number

Semester & Year

Exam Date (MM/DD/YY)

Exam Time (AM / PM)

Proctor Name, Organization (e.g. Orange County Public Library, Brevard Community College, etc.)

By signing, I agree to:

- (1) Locate a proctor or testing center and arrange an appointment for my exam(s) according to published dates.
- (2) Arrange fee payment for proctoring services, if any.
- (3) Submit this form to the proctor and provide them with exam instructions. The information in Section A is correct to the best of my knowledge.

Student Signature

Date

## SECTION B — COMPLETED BY THE PROCTOR OR TESTING CENTER DIRECTOR

Proctor Name

Phone Number

Fax Number

Organization

Street Address

City

State

Zip

Email Address

By signing, I certify that:

- (1) To the best of my abilities, I will uphold the Binghamton University Academic Honesty Code ([binghamton.edu/academics/provost/faculty-resources/honesty.html](http://binghamton.edu/academics/provost/faculty-resources/honesty.html)).
- (2) I have internet/email access at the testing site to download, receive, and print PDF files.
- (3) I will be available to proctor at the date and time listed in Section A. The information in Section B is correct to the best of my knowledge.

Proctor Signature

Date