

# APPLICATION TO BECOME A REGISTERED EXAMINATION PROCTOR

First Name:	
Last Name:	
Address:	
City:	
State/Province:	
ZIP/Postal Code:	
Country:	
Occupation:	
Employer/Church/Organization:	
Telephone (REQUIRED):	
E-mail Address (REQUIRED):	
Student ID# or Resource Center ID # for whom you are registering to proctor:	

To ensure the integrity of the course evaluation process, Vision International University requires that the final examination for each course be taken in the presence of an approved proctor. You are hereby requesting to serve as a proctor and supervise a student or students during his or her final examinations. Qualified proctors could include, but are not limited to, teachers, librarians, school administrators, pastors, or other professionals.

If you meet the following criteria and are willing to serve as a proctor for this student, please complete this application form. Return this signed application to the student so that it can be sent to Vision International University. The Student Services staff thanks you for your willingness to assist this student in the examination process.

**The requirements to serve as a proctor include:**

1. The proctor may not be a relative, friend, or coworker of the student or have any vested interest in the outcome of the examination.
2. The proctor cannot be a student of any Vision International University program.
3. The proctor and the student must arrange a convenient time to ensure the completion of this final examination.
4. The proctor must continually monitor the student during the examination, to ensure that the student does not use inappropriate aids (such as books, notes, study guides, reference works, dictionaries, or persons).
5. The proctor must validate and unlock the examination online using his or her prescribed Proctor ID# and PIN.

By signing this form, I affirm that I am not a relative of this student, and that I have no vested interest in the outcome of this examination. I agree to monitor the student and certify that the student will not use inappropriate aids while the examination is being taken. I will ensure that the student will accurately complete the online examination.

\_\_\_\_\_  
Proctor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**RETURN BY FAX TO 760-789-3023**

Vision International University · 1115 D Street · Ramona, CA 92065 USA · 1-800-9-VISION  
support@vision.edu · www.visiononlinelearning.org