RIT OFF-CAMPUS PROCTOR APPLICATION

Proctor Application Process
This form must be read and signed by the student and the proctor. The proctor’s contact information must be filled out as accurately and thoroughly as possible. RIT reserves the right to contact each proctor candidate for verification of position, address, and relationship to student when necessary. Once this application is received and processed, a Proctor Confirmation letter will be sent to the proctor and student with additional information within one to two days.

RIT’s Policy on Academic Dishonesty
The Rochester Institute of Technology does not condone any form of academic dishonesty. Any act of improperly representing another person’s work as one’s own is construed as an act of academic dishonesty. These acts include, but are not limited to, plagiarism in any form, or use of information and materials not authorized by the instructor during an exam. Students are responsible for securing a proctor with no conflict of interest in upholding RIT’s standards of honesty. Relatives, spouses, friends, neighbors and co-workers are not acceptable proctors. There is list of acceptable proctors in How to Secure Off-Campus Proctoring.

Important Proctoring Guidelines
Proctors are not authorized to give originals or copies of exams to students before or after the actual proctored exam session. All exams should be returned to the Innovative Learning Institute at RIT. Business reply envelopes will be provided upon request. Only an approved proctor can administer the exams to the student. If a proctor becomes unavailable, the student is responsible for submitting a proctor application for a replacement proctor.

To be read and signed by student:
I am aware of RIT’s Policy on Academic Dishonesty as written above. I have also read and will adhere to the Proctoring Guidelines. I agree to uphold RIT’s standards of honesty by completing each proctored exam solely through my own efforts and knowledge of the course material and under the exam rules set by my instructor.

Print Name: _________________________________________  Email ________________________________
Student Signature ____________________________________  RIT Student ID#: ___________________________
Online Course Name(s) ________________________________ ________________________________

To be completed by the proctor (Please print clearly. Instructors will have access to your contact information):
Proctor’s name: ________________________________________________________________________________
Employer: ______________________________________________________________________________________
Mailing address: ______________________________________  Phone: ________________________________
_________________________________________________  Email: ________________________________
_________________________________________________  Fax: _________________________________________
Position: ____________________________________________  Relation to student: _________________________
I have proctored exams for RIT before (Y/N): _____ Preferred method for receiving exams: o Email o Fax

To be read and signed by the proctor:
I am aware of RIT’s Policy on Academic Dishonesty as written above. I have also read and will adhere to the Proctoring Guidelines. I agree to uphold RIT’s standards of honesty by administering exams under the exam rules that are set by the instructor. I also agree to provide the student with a reasonably quiet, distraction-free environment for taking exams and to verify the identity of the student with a valid picture ID.

Proctor Signature: ___________________________________  Date: ________________________________

ATTENTION: We must receive a valid form of ID to process this application. Please attach a copy of your
business card or work ID, a letter from your supervisor on official company letterhead verifying your identity AND
position, or a URL to your employer’s official webpage that includes your name and position.
URL: ____________________________________________________________________________.

Mail or fax this form to:
Sherry Clark
Rochester Institute of Technology
WAL 05-A611
91 Lomb Memorial Dr.
Rochester, NY 14623
Phone: 585.475.5374
Fax: 585.475.2530
Email: exams@rit.edu