



Proctor Approval Application

Please visit: <https://www.calimt.edu/proctored-exam/> and select “Exam Taker Guidelines”, under ‘Live Proctor’. Review the guidelines before choosing a proctor and submitting this form.

Please complete and submit this Proctor Approval Application form, no later than 1 week prior to the exam date, to the CALIMT Registrar at registrar@calimt.edu.

If you would like to use the same proctor for all courses that require a proctored exam, please write “All” in the ‘Trimester/Year’ and ‘Course Code’ sections.

Trimester/Year:		Course Code:		Exam:	<input type="checkbox"/> Midterm <input type="checkbox"/> Final <input type="checkbox"/> Both
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Section A. To be completed by the student		
Last Name	First Name	Middle Initial
Student ID Number	Email Address	
The proctoring service or individual that I am submitting for approval is (check all that apply):	Fill in the proctor or testing center organization name if applicable (e.g., Sylvan Learning Center):	
<input type="checkbox"/> An official testing center and/or training director/officer <input type="checkbox"/> A librarian, school counselor, principal, or teacher <input type="checkbox"/> A HR manager or supervisor <input type="checkbox"/> A military education services officer or representative of an established religious order <input type="checkbox"/> CALIMT representative (at CALIMT office in Irvine, CA, only) <input type="checkbox"/> Other: _____	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <i>Proctor/Testing Center Director Name</i> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <i>Organization Name</i>	
<p>I, the student named above, agree to the following: (1) to locate a proctor or testing center and set up an appointment for my course exam(s), according to published dates; (2) to arrange for fee payment for the proctoring services, if any; (3) to submit this form to the proctor for completion and to provide him/her the instructions, and (4) to abide by CALIMT’s Proctored Exam Policy as stated in the catalog and school website.</p> <p>The information in Section A is correct to the best of my knowledge.</p>		
<i>Student Signature (sign above the line)</i>	<i>Date (mm/dd/yy) (date above the line)</i>	



Section B. To be completed by the proctor or testing center director.		
Last Name	First Name	Middle Initial
Organization Name	Primary Phone Number	
Street Address, Suite #, Office building		
City	State/Province/Prefecture	
Zip/Postal Code	Country	
Email Address		
Please check one or more of the following proctor qualifications:		
<input type="checkbox"/> CALIMT Representative <input type="checkbox"/> Official Testing Center <input type="checkbox"/> Human Resource Manager <input type="checkbox"/> Librarian <input type="checkbox"/> Military Education Services Officer <input type="checkbox"/> Representative of an established religious order	<input type="checkbox"/> School Counselor <input type="checkbox"/> School Principal/ Vice Principal <input type="checkbox"/> Supervisor <input type="checkbox"/> Teacher <input type="checkbox"/> Training Director/ Officer <input type="checkbox"/> Other _____	
Please check YES or NO for the following statements:		
<input type="checkbox"/> YES <input type="checkbox"/> NO My contact information may be made available to other CALIMT students.		
<input type="checkbox"/> YES <input type="checkbox"/> NO Fees are assessed to students for services associated with proctored testing.		
I certify that: (1) I will administer and supervise the exam(s) personally for the entire testing period; (2) I permit California Institute of Management and Technology (CALIMT) to verify my credentials and contact me for verification purposes as needed; and (3) to the best of my abilities, I will uphold the CALIMT Academic Honesty Conduct (outlined in the Proctor Guidelines and Responsibilities).		
The information in Section B is correct to the best of my knowledge.		
Proctor Signature (sign above the line)		Date (mm/dd/yy) (date above the line)

Please e-mail or fax this form to:
 CALIMT Registrar
 E-mail: registrar@calimt.edu
 Fax: (949) 872-2229