



Proctor Declaration Form

This form is to be completed if you require a proctor; it must be submitted by the following dates:

Fall Term 2002: November 1 Winter Term 2003: March 1 Spring Term 2003: July 1

See next page for information on selecting a proctor.

Reasons for requiring a proctor are:

- travel distance – you live 100 km or more from one of UW's Examination Centres (listed on p. 10)
- *due to circumstances beyond your control* you must reschedule your examination (see p. 9)
- you are writing three or more examinations (two will be scheduled at an Examination Centre)
- for religious reasons you cannot write examinations on Saturday
- for medical reasons you cannot write at an Examination Centre
- the Examination Centre you were scheduled to write at was cancelled

This section is to be completed by the student. Please print clearly.

Surname _____ Initials _____ ID No. _____

E-mail Address _____

Indicate the reason you require a proctor:

- Travel Distance (over 100 km) Three or more examinations Exam Centre cancelled.

If you check one of the boxes below, the University requires supporting documentation i.e. doctor's note; letter from church/synagogue. Such documentation will be kept on file for future terms if applicable.

- Medical Religious Affiliation Other (*provide a brief explanation:*) _____

The person named below will be acting as my proctor for the following terms:

- Fall 2002 (Weekend of Dec. 7/02) Winter 2003 (Weekend of April 12/03) Spring 2003 (Weekend of Aug. 9/03)

This section is to be completed by the proctor. Please print clearly. We will ship the examination(s) and send payment to the address provided below. Payment is \$7/Cdn./hour. Fees over that amount are the responsibility of the student.

Name _____

Address _____

City/Province _____ Postal Code _____

Telephone (Home) _____ (Business) _____

E-Mail _____ Fax _____

Occupation and Employer _____

Please Note: A T-4 for your proctoring fee (\$7 Cdn./hr.) will be automatically generated.

I agree to act as proctor for the above-named student. I will ensure that the examination(s) are written between Friday and Monday of the scheduled examination weekend and that the examination(s) are kept in a secure place until that date. I agree to administer the examination(s) according to the regulations provided by the University and to return the written examination(s) promptly upon completion. I certify that I am not related to the above-named student, I do not reside at the same address as the student, nor am I currently registered in a distance education course at the University of Waterloo.

Proctor's Signature _____ Date _____

Return the completed form to: Avril McVicar
 Distance Education Office, University of Waterloo
 200 University Avenue West, Waterloo, Ontario N2L 3G1
 Phone: (519) 888-4567, ext. 2002 Fax: (519) 746-4607

If the information provided on this form changes it is the student's responsibility to notify the Distance Education Office.

- Check here if this is a change to previously submitted information