

StellaPride Academy

PROCTOR APPLICATION FORM

PLEASE RETURN THIS FORM BY EMAIL ALONG WITH A COPY OF A VALID ID CARD
(talktostellaprideacademy@outlook.com)

I,, confirm that I am one of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Parent/Legal Guardian | <input type="checkbox"/> Faculty | <input type="checkbox"/> Teacher/Administrator/Counsellor |
| <input type="checkbox"/> Professional Librarian | <input type="checkbox"/> Clergy | <input type="checkbox"/> Testing Center <input type="checkbox"/> Work Supervisor |
| <input type="checkbox"/> Officer of Corporation | <input type="checkbox"/> Other (explain): _____ | |

Phone Number: _____

Email Address: _____

Age: _____

Employer: _____

Job Title: _____

Name of Student: _____

Student ID number: _____

Academic Session/ Term: _____

By signing below, you verify that you have read, understand, and agree to the guidelines outlined on the In-Person Proctoring Instructions. Failure to comply with said instructions constitutes a breach of Academic Integrity and will be subject to investigation, dismissal as a proctor, and possible re testing or cancellation of wrongly proctored examination.

Proctor's Signature: _____ Date: _____

NOTE: Please decline this invitation if you have a clear or apparent conflict of interest to protect the student's academic record and the academic integrity of StellaPride Academy.

Approval of proctors is at the discretion of the institution.