

# PROCTOR APPROVAL FORM

Scan the completed application and attach it as a *pdf* or *jpg* and e-mail to:

*principal@lyndenschool.org*

**\*\*the application must be submitted through a third party email, not through your personal email\*\***

A. STUDENT INFORMATION – PLEASE PRINT CLEARLY				
Last Name			First Name	
Course Name				
Course Code (ie. MHF4U f1)			Teacher	
Exam Date			Exam Location	
Exam Time	Parent/Guardian Email Address (If student is under the age of 18)			
<b>Expected exam date, time and location are required, but may be changed after your request has been approved</b>				
Do you have an existing Individual Education Plan (IEP) with VHS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<p>You <b>MUST</b> provide at least <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>- A copy of the Proctor's business card (in the space provided here).</li> <li>- A letter of employment from the Proctor's employer (attached to an email).</li> <li>- A business website where the Proctor's employment can be confirmed <b>on a staff directory</b> (space for this is provided in the Proctor Information section below).</li> </ul>	
Has this proctor been previously approved for an exam with VHS?*	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
*Please note that a previous approval does not guarantee further approval.				
<b>The Proctor I am submitting for approval is (check applicable)</b> <input type="checkbox"/> An elementary or high school teacher, college, or university official <input type="checkbox"/> An administrator at a private or public testing centre <input type="checkbox"/> Public Librarian <input type="checkbox"/> A lawyer, doctor, professional engineer, registered nurse, etc. <input type="checkbox"/> Other: _____				
_____ Student Signature		_____ Date		
B. PROCTOR INFORMATION – PLEASE PRINT CLEARLY AND REVIEW PROCTOR REQUIREMENTS BEFORE SUBMITTING				
<i>To be completed by the student concerning the chosen Proctor.</i>				
Please indicate Mr./Mrs./Ms./Miss or other title: _____				
Last Name			First Name	
Business Name			Title or Occupation	
Business Address			City, Country	
Post-Secondary Degree (ie. BSc)			Business Website (to confirm employment)	
OCT# (if teacher)			Preferred Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
<b>Proctor Email Address</b>				
<b>EMAIL ADDRESS REQUIRED:</b> The email address <b>MUST</b> be issued by the Proctor's workplace. Generic or Internet provider addresses will <b>NOT</b> be approved. ✓ <i>Acceptable Example:</i> Bill.Smith@CentralHospital.com      ✗ <i>Unacceptable Example:</i> CentralHospital@gmail.com				
C. OFFICE USE ONLY				
Prerequisite Met: <input type="checkbox"/>	Proctor Approved: <input type="checkbox"/>	Password:	Length:	Formula Sheet? Y <input type="checkbox"/> N <input type="checkbox"/>
_____ PAF Received	_____ PM Sent to Proctor	_____ Exam Notification	_____ PM Received	