

For more information or to request alternate formats of this form for accessibility, please contact ppl@durhamcollege.ca or call 905-721-3052.

Student Information		
First Name:	Last Name:	
Date of Exam:	Student Number:	
OntarioLearn Username: (e.g. du-gorwiley)		
Course Name:	Course Code:	
Where do you access your course?	Ontario Learn	DC Connect
Please select the applicable exam option:	Mid-Term Exam	Final Exam

Student Signature:	Date (yyyy-mm-dd):
By submitting this form, I declare the above information to be true and accurate to the best of my knowledge as of the date of submission	

Proctor Instructions

Please complete the section below and ensure that both you and the student have signed this form.

Please Note: This form must be returned to pplexams@durhamcollege.ca at least 10 business days prior to your scheduled exam date.

If returning the form by email, we do not require signatures, but a proctor email must be included.

Proctor Contact Information		
First Name:	Last Name:	
Title:		
Business/Organization:		
Address:		
City:	Province:	Postal Code:
Business Telephone Number:		
Email *:		

*** Must be a professional address –Hotmail, Gmail, Yahoo, etc will not be accepted**

Proctor Agreement

As a proctor, I agree to the following (check all those that apply):

I am an education official, librarian, or teacher at a community college, university, elementary or secondary school.

I am in a supervisory position and not a co-worker of the student writing this exam.

I am not a current student of Durham College.

I am not a relative of the student, nor do I live at the same address of the student.

I will administer the exam(s) in accordance with the prescribed timeframe(s) and supervise the student throughout the entire duration of the exam(s).

I will ensure that the student does not have access to any inappropriate materials or online information at any point during the exam(s).

I will assure you that the student does not have access to the exam either prior to or after the exam date.

I will mail the completed exam(s) back to Durham College immediately after the student has completed it.

Thank you for agreeing to assist in the invigilation of our exam(s). We will confirm the above information with you prior to emailing out the exam(s).

Proctor Signature:	Date (yyyy-mm-dd):
By submitting this form, I declare the above information to be true and accurate to the best of my knowledge as of the date of submission	

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