



PROCTORING AGREEMENT

To be completed by Student:

My Name: _____

Name of my Course: _____

Date that my Proctored Exam is scheduled: _____

Time that I will take the Proctored Exam: _____

Phone # where I can be reached 15 minutes before and after the exam: _____

I will contact the RAQA Office (267.468.8560) at least 24 hours in advance, if there is an emergency or the logistics of my proctored exam change (including the time of the exam, the location, or the name of the proctor). Failure to notify the RAQA Office of changes to the Proctoring Agreement may result in an automatic F for the exam.

If my proctor has not received my exam at least 15 minutes before the scheduled start time, I agree to ask my proctor to call the RAQA Office (267.468.8560).

My proctor is responsible for faxing the exam to the RAQA Office (267.468.8565), immediately after I am done taking it. In addition, my proctor is responsible for mailing the exam, Honor Statements, and any note paper used within 24 hours of the completion of the exam. The proctor must sign the back flap of the envelope.

I am responsible for providing my proctor with a stamped, addressed envelope of appropriate size and the return postage for the exam. The RAQA Office strongly suggests using Priority Mail (about \$6.00) and placing the exam in an 8 1/2" by 11" envelope.

The address to use for returning the exam is:

Temple University School of Pharmacy, RAQA Graduate Program,
425 Commerce Drive, Suite 175, Fort Washington, PA 19034.

I understand that I am responsible if my proctor does not comply with any of these arrangements, which might have ramifications on my academic record or bar me from taking Adobe Connect classes in subsequent semesters.

Signature of Student: _____ Date: _____

My signature indicates that I have read and agree with the procedures listed on this form.

PROCTOR AGREES TO THESE PROCEDURES:

- 1. I will be available to receive the exam via fax from the RAQA Office on the day of the exam.
2. If I do not receive the exam at least 15 minutes before the scheduled start time, I will call the RAQA Office at 267-468-8560.

3. I will administer the exam to the student only at the time specified by the RAQA Office, and I will ensure the student abides by the time frame allotted for the exam.
4. I will administer the exam in a place of business, library, or educational institution and not at my home, the student's home, or a home office.
5. I will collect any exam testing fees (if applicable) from the student prior to the exam, and I will check for the student's ID card.
6. If the student has questions about a section of the exam, I will contact the RAQA Office (267.468.8560), **or** I will call the instructor at the phone number listed on the Honor Statement, **or** I will advise the student to write a note on the test to the instructor.
7. I will collect the exam and all related materials (including scratch paper) and fax them to the RAQA Office (267.468.8565). **I will ensure that the student does not leave with a copy of the test or notes taken during the exam.**
8. I will refrain from discussing any aspect of the exam with students in RAQA courses or colleagues at work either verbally or through email, Twitter, Facebook, or other electronic formats.
9. I will abide by the University honor code (www.temple.edu/pharmacy_qara/plagiarism.htm). I also agree to sign the RAQA honor statement that will be forwarded to me indicating that the proctored exam was administered fairly and in compliance with the University honor code. I understand that a breach of the University honor code can result in disciplinary action against the student which can include failing the exam and the course.
10. I understand the student will provide me with a stamped, addressed envelope to mail the exam to the RAQA Office. I will sign the back of the envelope and place it in a mailbox within 24 hours of the exam. If the student's exam ends after 5:00 pm, I will not mail the material until the RAQA Office confirms that the faxed copy was received and is legible.

Proctor Name: _____ Date: _____

Proctor's Title: _____

Proctor Signature: _____

My signature indicates that I have read and agree with the procedures listed on this form.

Proctor's Company Name: _____

Proctor's Work Address: _____

Address used for exam: _____

Relationship to RAQA Student: _____

Proctor's Phone # : _____

Proctor's Phone # during the exam (if different from above): _____

Proctor's Email: _____

Fax Number to be used for the exam: _____