

DIXIE STATE COLLEGE OF UTAH
KAPLAN NURSING ENTRANCE EXAM
PROCTOR REQUEST FORM

Applicant Name: _____

Section A: TO BE COMPLETED BY THE PROCTOR

1. Proctor's Name: _____ Proctor's Position: _____

Organization: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Business Email: _____

2. Proctor MUST confirm/agree to all items by checking the box or they cannot be approved.

I confirm that I am not in any way related to the student, nor am I a friend, roommate, neighbor, church official, current teacher, coach, employer, supervisor or coworker.

I agree that I will administer the exams in accordance with the instructions provided by DSC, that I will not allow the student to use personal computers, notes, dictionary, test books, electronic devices or other materials (unless otherwise instructed), or allow anyone access to the student while taking their examinations.

If the exams are administered via the Internet, I agree that I will at no time give the student access to the exam passwords.

3. I certify that all of the information that I have provided is accurate.

Proctor Signature (required): _____ Date: _____

4. (Optional): I authorize Dixie State College Testing Services to share my contact information with Dixie State College students who are looking for a proctor in their area.

Section B: TO BE RETURNED TO DSC TESTING SERVICES BELOW ONLY AFTER SECTION "A" HAS BEEN COMPLETED

Fax to: 1 435-656-4016

Email: testcenter@dixie.edu

Mail: Dixie State College

Phone: (435) 652-7696

Testing Services

225 South 700 East

St. George, UT 84770