

Peter White Public Library

Examination Proctoring Services

Application Form

Name: _____

Address: _____

Phone Numbers: _____

Requested Exam Date: _____

Requested Exam Time: _____

Time Length of Examination: _____

I have reviewed the Examination Proctoring Services Policy. By signing below, I agree to the following rules or taking an examination monitored by a staff member of the Peter White Public Library:

1. I agree to pay all proctoring fees to the library with this application. Payment of \$ _____ is attached. I assume responsibility for all other exam-related costs incurred by the library, such as postage, photocopying or other expenses. I understand that the library will not return the examination to the testing institution prior to payment by me to the library.
2. I have attached the examination instructions and requirements along with this application.
3. I understand that, although the library staff will do its best to meet my scheduling needs, the library staff will make the final date and time decisions regarding the test schedule.
4. I understand that the library has no legal obligation to provide proctoring and that the service is subject to availability of authorized staff and the ability of the library to provide the service without undue disruption of regular library services.
5. I will arrive for the examination at the scheduled time and date. If I do not arrive at the designated time, I understand that the test will not be rescheduled, and I will forfeit all fees that I have paid.
6. I understand that a library staff member is obligated to follow the instructions and rules of the examination sponsor.
7. I agree to follow all instructions of the library staff member regarding the examination.

Signature and date

FOR LIBRARY USE ONLY

Exam Date: _____

Exam Time: _____

Staff Member Schedule: _____