

**Peter White Public Library**  
**Examination Proctoring Services - Application Form**  
[refdesk@uproc.lib.mi.us](mailto:refdesk@uproc.lib.mi.us) (906) 226-4311 or (906) 226-4312

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Institution \_\_\_\_\_

Requested Exam Date(s) \_\_\_\_\_

Requested Exam Time (s) \_\_\_\_\_

Length of Examination \_\_\_\_\_

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

1. I agree to pay a \$30.00 proctoring fee to the library with this application. 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 administer the examination prior to payment.
2. I am responsible for contacting my instructor to send testing materials to the Reference Desk Staff at [refdesk@uproc.lib.mi.us](mailto:refdesk@uproc.lib.mi.us) .
3. I understand that proctoring services are available during regular library hours, depending on the availability of personnel and facilities. Tests must be completed 60 minutes before the library closes.
4. I understand that the library is not responsible for tests that do not arrive on time, those that are interrupted by library emergencies, power failures, weather issues, etc., or for completed exams once they leave the library's possession.
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 I must provide a current photo I.D. to library staff before the exam.
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: \_\_\_\_\_