

**Asheville-Buncombe Technical Community College
Proctor Verification Form**

Student Name _____

Course Number/Name _____

Proctor Name _____

Proctor E-mail _____

Date Examination Administered _____

Time Examination Started _____ Time Examination Ended _____

Location of Administered Examination _____

(For example; Testing Center, office, library, etc.)

Proctor Guidelines:

Please check the following guidelines that you adhered to:

- _____ I verified student's identity with a photo I.D.
- _____ The student did not view the examination prior to taking it.
- _____ The student did not use any resources other than those indicated in the exam directions.
- _____ The student did not leave the testing room during the exam.
- _____ The student did not copy down any questions to take from the examination room.
- _____ The student adhered to the time limit restrictions (if any).

Statement of Verification:

I, the above named student, hereby verify that I have independently completed this examination under the supervision of my designated proctor. I completed the examination without the use of books, notes, reference materials, or other items, except those specifically authorized for use with the examination.

Student Signature _____ Date _____

I, the above named proctor, hereby verify that I have supervised the administration of this particular examination. The above named student did successfully complete the attached examination following all regulations outlined in the Proctor Guidelines.

Proctor Signature _____ Date _____

Thank you for contributing your time to assist in this student's educational effort.

Please scan/email or post this form and the completed examination to the course instructor, c/o A-B Tech College, 340 Victoria Road, Asheville, NC 28801.