

MOHAWK COLLEGE – DISTANCE EDUCATION  
PROCTOR INFORMATION FORM

You must live more than 100 km from the College to use a proctor!

**PLEASE PRINT - USE ONE PROCTOR FORM FOR EACH EXAM**

Student's Name (last): \_\_\_\_\_ (first) \_\_\_\_\_

Student I.D.#: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: (street) \_\_\_\_\_

(city) \_\_\_\_\_ (province) \_\_\_\_\_ (postal code) \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*\*IMPORTANT\*\***

**Date Exams to be Written (must be written within the last seven days of the course)**

Midterm (if required): \_\_\_\_\_ Final: \_\_\_\_\_

**Proctor Information**

Testing Centre Contact Name: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

College/University Address: \_\_\_\_\_

(city) \_\_\_\_\_ (province) \_\_\_\_\_ (postal code) \_\_\_\_\_

**Business Phone #:** ( ) \_\_\_\_\_ **Business Email address:** \_\_\_\_\_

**As proctor, I certify that I meet the requirements of Mohawk College's Proctor Policy as follows: I am a teacher or administrator at a community college or university and to eliminate conflict of interest problems, I am not a relative, friend, neighbour, co-worker (including immediate supervisor) or living at the same address of the student.**

**\*\*Exam must be written in an educational setting.\*\***

Date: \_\_\_\_\_

Proctor Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**\*\* Any fees charged by proctors are the student's responsibility \*\***

**PLEASE FORWARD TO:**  
Mohawk College - Distance Education  
135 Fennell Avenue West, Hamilton, Ontario L8N 3T2  
FAX NUMBER: 905-575-2381

**QUESTIONS? 905-575-2703**