

University of Tennessee Proctor Form

Semester _____ Student Name _____

Course Name or # _____

I agree to administer the University of Tennessee's examinations in a professional manner. I will maintain the security of the examinations before and after the exam. I will administer the exams according to the directions provided by the University of Tennessee. I will report any violations to the Department of Distance Education and Independent Study for appropriate student disciplinary action. I will not make copies of the exams. I will fax and mail them back to UT immediately upon completion.

Please Print

Name _____ Telephone _____

Signature _____

Title _____ Fax _____

Email _____

Address/ _____

Company _____



*No Shipments to P.O. Boxes
Street Address Only*

THE
UNIVERSITY of TENNESSEE

University Outreach & Continuing Education

Department of Distance Education and Independent Study (DEIS)

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