Examination Proctor Guidelines
for the BHSU Proficiency (CAAP) Examination

Students not enrolled in on-campus courses and taking BHSU classes at a remote site may take the Proficiency examination off campus as long as security measures for administering the tests are strictly maintained before, during, and after testing. Off-campus examinees should be tested under the same conditions as their on-campus peers to ensure the academic integrity of the examination. The student is responsible for selecting a qualified proctor.

<table>
<thead>
<tr>
<th>Appropriate Proctors</th>
<th>Inappropriate Proctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty members</td>
<td>High school students</td>
</tr>
<tr>
<td>Retired faculty members</td>
<td>College peers</td>
</tr>
<tr>
<td>Professional educators</td>
<td>Relatives</td>
</tr>
<tr>
<td>(superintendent or principal)</td>
<td>Co-workers</td>
</tr>
<tr>
<td>Human resource professionals</td>
<td>Neighbors</td>
</tr>
<tr>
<td>Community librarians (for non-campus based students)</td>
<td>Military officers</td>
</tr>
<tr>
<td></td>
<td>Pastors</td>
</tr>
</tbody>
</table>

BHSU reserves the right to verify proctor qualifications, require additional evidence of eligibility, or select a different proctor. The Proctor Agreement may be terminated for any cause by the proctor, student, or BHSU upon written notification to all parties.

The examination should be administered in a quiet, well-lit office or classroom setting conducive to concentration. Examination administration in private homes is not appropriate.

Proctor Responsibilities
- Store the exam in a secure location where it cannot be accessed by other students.
- Check student photo ID to ensure the examinee is actually the person scheduled to test.
- Ensure no copies of the exam are made.
- Ensure that the student does not access notes, books, or articles during the exam unless the test specifies otherwise.
- Time the test and stop the examinee when time has been expended.
- Note any testing irregularities on a separate sheet.
- Secure the exam until mailing.
- Ship the completed test to the designated address within 24 hours of test completion. Use traceable shipping procedures (UPS, FedEx, etc.).
- If a fee is charged for exam supervision, request payment from the student at the time of testing. BHSU will not pay proctor fees.

Any costs involved in the administration or shipping of this exam is the responsibility of the student.

04/28/12
Black Hills State UNIVERSITY
Proctor Agreement Form ♦ Proficiency (CAAP) Examination

Thank you for your willingness to proctor the Proficiency examination for an BHSU student. Please review the Examination Proctor Guidelines. If you meet the qualifications and are willing to assume the responsibilities, please sign and submit this agreement form. Should you have questions before, during, or after the examination, please call the Academic Affair’s office at 605-642-6270.

Please return this completed Proficiency (CAAP) Examination Proctor Agreement Form as soon as possible (fax preferred) to:

Black Hill State University
Academic Affairs/CAAP
Unit 9501
Spearfish, SD 57799-9501
Phone: 605-642-6270
Fax: 605.642-6055

Once this form is received at BHSU, test materials can be mailed to the proctor.

---

PLEASE TYPE OR PRINT CLEARLY

As an authorized test proctor, I agree to use the instructor-specified guidelines to administer the BHSU course examination to:

Student Name ___________________________ Student ID# _______________________

Testing Location ____________________________________________________________

Testing Date and Time (if determined) __________________________________________

Proctor name ________________________________________________________________

Proctor signature ___________________________________________________________
Date _____________________________

Proctor contact information:

Title_____________________________Employer ________________________________

Business Address __________________________________________________________

City _____________________________State ________ Zip Code _____________________

Phone_________________________Fax ________________________________

E-mail__________________________