



INSTRUCTIONS FOR PROCTORING AN EXAM

To: EXAM SUPERVISOR/PROCTOR

We appreciate your taking time from your busy schedule to proctor this exam for our student. Should you not be able to administer this exam, DO NOT give it to the student or any relative of the student. Notify ED Anywhere and ask for further instructions. DO NOT make a copy of the exam either before or after it is taken.

BEFORE BEGINNING THE EXAM

- Staff will be available to activate exams between 8:30 a.m. – 4:30 p.m. EST, Monday through Friday. Exams may be administered after hours with prior scheduling. Notify us by phone at 703-433-0805 or by e-mail at register@edanywhere.com to schedule an exam.

***Our office will be closed during student holidays. Please check our website at www.edanywhere.com, click on Student Center, Bulletin, Calendar, to find the holiday schedule.**

- Students must show photo identification, if the student is not personally known to you.
- Check with the student to be sure that all submissions covered by this exam have been completed and have passing scores (70% or higher), and that the correct exam is being given for which the student studied.
- Complete and sign the Proctor and Proctoring Facility form. The student should also sign the form. Fax the Proctor and Proctoring Facility Form to ED Anywhere at (703) 433-0378.
- The time limit for taking an exam will be two hours unless specified otherwise on the exam.

ADMINISTERING THE EXAM

- Call ED Anywhere's toll free number (1-877-433-0805) to have the on-line exam turned on for the student.
- The student should complete the entire exam at one sitting in a quiet place.
- No reference material may be used unless specified on the test. NOTE: A four function, non-programmable calculator is allowed for Algebra 1, but any calculator may be used for other math courses EXCEPT where otherwise stated on the exam itself.
- **PLEASE REMIND STUDENT THAT HE/SHE MUST PRESS THE "SAVE" KEY WHEN THE EXAM IS COMPLETED. FAILURE TO DO SO WILL RESULT IN A "0" AND THE STUDENT WILL NEED TO RE-TAKE THE EXAM!**

AFTER ADMINISTERING THE EXAM

- Call the toll free number for ED Anywhere to let us know that the exam has been completed. The on-line exam will then be turned off, allowing the instructors to grade the exam.

If the student decides not to take the exam, inform ED Anywhere by calling the toll free number. A charge to take the exam at a later date will apply.

A \$20.00 courtesy proctoring fee will be provided to you by the student at the beginning of the exam. You have the right to refuse this fee.

FAILURE TO FOLLOW THESE INSTRUCTIONS COULD RESULT IN THE INVALIDATION OF THE EXAM AND POSSIBLE FAILURE OF THE COURSE.

EDUCATION, ANYTIME, ANYWHERE



EDUCATION, LEAVING NO STUDENT BEHIND

10 Pidgeon Hill Drive, Suite 70 Sterling, VA 20165
703-433-0805, fax: 703-433-0378

PROCTOR AND PROCTORING FACILITY FORM

STUDENT INFORMATION:

Name: _____ Title: _____ Email: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Home Phone :(____) _____ Work Phone: (____) _____

Name of Exam: _____ Date/Time of Exam: _____/_____

I, _____, verify that all information on this form is truthful and accurate. I understand that providing fraudulent or misleading information is grounds for possible failure of the course.*

Student's Signature: _____ Date: _____

*THE \$20.00 EXAM FEE WILL BE BILLED TO YOU AT A LATER DATE.

PROCTOR INFORMATION:

Name: _____ Title: _____ Email: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Home Phone :(____) _____ Work Phone: (____) _____

I, _____, agree to provide proctoring for the above student. I verify that all information above is truthful and accurate and that I am 21 years of age or older and a non-relative of the student. I further verify that I am not a fellow student, roommate, nor immediate supervisor of the student. I agree to follow the Proctoring Form Guidelines and to faithfully assure confidentiality of materials entrusted to my care.

Proctor's Signature: _____ Date: _____

FACILITY FOR PROCTORING TESTS:

Name of Facility: _____

Name of Contact Person: _____ Phone: (____) _____

Type of Facility: _____ email: _____

Street Address: _____ City: _____ State: _____ ZIP: _____