PROCTOR APPROVAL APPLICATION

Scan the completed application and attach it as a *pdf* or *jpg* and e-mail to:

admin@torontoeschool.com

Please note: the email must be sent from an external e-mail address, <u>not</u> your Toronto eSchool account.

A. STUDENT INF	ORMATION - PLE	ASE PRINT	CLEARLY				
Last Name				First Name			
Course Name							
Course Code (ie. MHF4U)				Teacher			
Exam Date				Exam Location	1		
Exam Time	Parent/Guardian Email Address (If student is under the age of 1						
Expected exam date, time and location are required, but may be changed after your request has been approved							
Do you have an existing Individual Education Plan (IEP) with TES?		YES 🗌 N	0	Please affix a copy of your Proctor's business card here, or forward a copy as an attachment if available.			
Has this proctor been previously approved for an exam with TES?		YES 🗌 N					
Is the proctor on TES's Proctors?	list of Pre-Approved	YES 🗌 N	10 🗌 You	You MUST provide at least one of the following:			
Proctor Checklist – proctor must meet all requirements: - A copy of the Proctor's business card (in the space						card (in the space	
 has non-generic email address provided by place of employment; <i>A letter of employment from the Proctor's employer</i> 							
is not a relative of the student; <i>(attached to an email)</i> .							
□ is not a tutor or a student;				- A business website where the Proctor's employment can			
 has a university degree or college designation; be confirmed on a staff directory (space for this is provided in the Proctor Information section below). 							
has provided a valid business card or can verify employment by other means such as letter of employment or website listing (attached to this application)							
I, the student, agree to: (1) follow the TES Proctored Exam Procedures as outlined in my Course Content, (2) arrange a Proctor who meets all set requirements and set up a date, time and place for my exam, (3) pay for any proctoring service fee, and (4) submit this completed Proctor Approval Application to admin@torontoeschool.com at least 2 weeks before my proposed exam date. To the best of my knowledge, the information in both the Student and Proctor Sections, are correct: Student Signature Date							
B. PROCTOR INFORMATION – PLEASE PRINT CLEARLY AND REVIEW PROCTOR REQUIREMENTS BEFORE SUBMITTING							
To be completed by the student concerning the chosen Proctor.							
Please indicate Mr./Mrs./Miss or other title:							
Last Name				First Name			
Business Name				Title or Occupation			
Business Address				City, Country			
Post-Secondary Degree (ie. BSc)	Business Website (to confirm employ		siness Website confirm employment)				
OCT# (if teacher)	Preferred Phone Number						
Proctor Email Address							
EMAIL ADDRESS REQUIRED: The email address MUST be issued by the Proctor's workplace. Generic or Internet provider addresses will NOT be approved.							
✓ Acceptable Example: lisa@companyname.com ★ Unacceptable Example: lisa@gmail.com							
C. OFFICE USE C	ONLY					1	
Prerequisite Met:	Proctor Appr	roved: 🗌 P	assword:		Length:	Pre-Approved Proctor:	
PAA Received PM Sent to Proctor Exam Notification PM Received						PM Received	

