

Peter White Public Library
Examination Proctoring Services - Application Form
refdesk@pwpl.info (906) 226-4311 or (906) 226-4312

Name: _____

Address: _____

Phone Number: _____ Email: _____

Name of Institution: _____

Requested Exam Date(s): _____

Requested Exam Time(s): _____

Length of Examination(s): _____

I have reviewed the Examination Proctoring Services Policy. By signing below, I agree to the following rules for taking an examination monitored by a staff member of the Peter White Public Library.

1. I agree to pay a \$20.00 proctoring fee per exam to the library with this application. I assume responsibility for all other exam-related costs incurred by the library, such as postage, photocopying or other expenses. I understand that the library will not administer the examination prior to payment.
2. I am responsible for contacting my instructor to send testing materials to the Reference Desk Staff at refdesk@pwpl.info
3. I understand that proctoring services are available during regular library hours, depending on the availability of personnel and facilities. Tests must be completed 60 minutes before the library closes.
4. I understand that the library is not responsible for tests that do not arrive on time, those that are interrupted by library emergencies, power failures, weather issues, etc., or for completed exams once they leave the library's possession.
5. I will arrive for the examination at the scheduled date(s) and time(s). If I do not arrive at the designated time, I may forfeit fees that I have paid, and I understand that it is my responsibility to reschedule my exam(s).
6. I understand that I must provide a current photo ID to library staff before the exam.
7. I agree to follow all instructions of the library staff member regarding the examination.

Signature and date

FOR LIBRARY USE ONLY

Exam Date: _____

Exam Time: _____