HARDIN-SIMMONS
UNIVERSITY

ALEKS PPL EXAM PROCTOR VERIFICATION FORM

This form must be completed by both the student and the proctor.

STUDENT INFORMATION

Student Name: _____ HSU ID Number: _____

Student HSU Email: _____ Phone Number: _____

PROCTOR INFORMATION

Name of Proctor: _____ Title of Proctor: _____

Institution or Testing Center Name: _____

Work Phone Number: _____ Work Email Address: _____

EXAM INFORMATION (TO BE COMPLETED BY PROCTOR)

Date Exam Taken: _____ Start Time: _____ End Time: _____

Proctoring Fee Paid: $ _____

Picture ID Verified: ☐ Yes ☐ No

PROCTOR CERTIFICATION

I certify that I verified the identity of the student listed above and personally supervised the ALEKS PPL examination from the recorded start time until completion. I attest that the examination was administered in accordance with Hardin-Simmons University testing requirements.

_____ _____

Proctor Signature Date

STUDENT ACKNOWLEDGMENT

I certify that the information provided on this form is accurate and that I completed the ALEKS PPL examination under the supervision of the proctor identified above.

_____ _____

Student Signature Date

OFFICE USE ONLY

Form Received By: _____ Date Received: _____

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