

OFF-SITE PROCTOR EXAM FORM

1. Setting Up Your Proctor Exam

Students located outside the Chicagoland and Suburban area may make arrangements for a proctored final exam. Off-site proctor exam requests must be submitted a <u>minimum of 10 WORKING DAYS PRIOR TO YOUR DESIRED FINAL EXAM DATE</u>. Students are responsible for engaging the services of their proctor. Proctors must be a disinterested third party and cannot be related in any way to the student. Students may not take a final exam proctored by their broker or anticipated broker. Approved proctors are local librarians, local Board of REALTORS® staff, high school, community college, ir. college, college or university representatives; corporate trainers or training directors.

PROCTORS MUST BE 3RD PARTY IMPARTIAL PERSONS. PROCTORS USING PERSONAL EMAIL WILL NOT BE APPROVED, ALL EMAIL ADDRESSES MUST BE ASSOCIATED WITH AN APPROVED SITE.

2. Off-site Continuing Education Proctor Exam Steps:

- 1. Select a proctor and testing location
- 2. Determine a date and time for your exam with your proctor
- 3. Complete part 3 of this form
- 4. The proctor must sign the form
- 5. Fax/scan and email form to contact information below

3. Student and Proctor Information

| STUDENT INFORMATION | | | | |
|--|--|--|--|--|
| Student First Name: | Last: | | | |
| Date of Exam Appointment: | | | | |
| re set, students must adhere to this exam appointment date. (MUST BE A MINIMUM OF 10 DAYS FROM SUBMISSION OF THIS FORM TO RRES.) | | | | |
| Course Title(s) | | | | |
| PROCTOR INFORMATION | | | | |
| Proctor First Name: | Last: | | | |
| Business Name: | Phone: | | | |
| Email: | | | | |
| | eive an email with the exam and answer sheet as an attachment.** | | | |
| Proctor Signature | Nate: | | | |

FAX TO: Distance Learning Coordinator at (312) 506-1831 or EMAIL TO: info@rres-online.com



DAY OF EXAM FORM

| STUDENT SECT | TION | | |
|---|---|--|---|
| Date of Exam Appo | intment: | | |
| Student First Name | :: | Last: | |
| PROCTOR SEC | ΓΙΟΝ | | |
| | eing to proctor this final exam(s) for the stude | ent named above. Please: | |
| 1. Check | the student's photo ID | | |
| 2. Provide | e a quiet place, away from distractions to take | e this exam | |
| 3. Allow i | no electronic devices of any kind | | |
| 4. Ask th | e student to place all personal items under th | neir chair | |
| 5. Allow a | a maximum of 3½ hours for the exam | | |
| 6. Do not | coach or answer exam questions for the stu | dent | |
| Proctor affidavit: I h | nave complied with and fulfilled all of the afor | ementioned obligations: | |
| Proctor Signature: | | | Date: |
| Dist a | HOURS PLEASE RETURN THE ance Learning Coordinator, 430 Notes and the advised that for security purposes and fast is service are the responsibility of the student and the student are the responsibility of the student are the responsibility. | orth Michigan Ave., Suite 80 stest service their exam packet shou | 00, Chicago IL 60611 uld be returned via overnight delivery. All |
| of completion. | | | |
| When the exam 1. Grade 2. Notify 3. Enter t 4. Forwar | student of the results via email the grade in Rapattoni rd the transcript/completion certificate hal proctor request, the registration verification | n printout and this form to the final e | exam score sheet. File under Distance |
| Completed by: _ | | | Date: |
| S | taff Representative | | |