Proctoring Request Application

Proctor Name (if required): Chili Public Library

Student Information

Student Name: _____

Phone Number: _____

Email Address: _____

Educational Institution Information

College/University Name: _____

Department: _____

Professor/Instructor Name: _____

Professor/Instructor Email: _____

Professor/Instructor Phone: _____

Exam Information

Course Name & Number: _____

Type of Exam: ☐ Online ☐ Paper ☐ Other: _____

Requested Exam Date: _____

Requested Start Time: _____

Length of Exam (Time Limit): _____

Deadline by which exam must be completed: _____

Exam Delivery Details

How will the exam be delivered to the library?

☐ Email to jennifer.lowden@libraryweb.org

☐ www.chililibrary.org

☐ Online platform

☐ Mailed copy

If online exam:

Website/Platform Name: _____

Login/Password Instructions (if applicable): _____

Student Responsibilities Acknowledgment

Please initial each statement:

_____ I understand that proctoring is by appointment only and must be requested at least one week in advance.

_____ I understand that study rooms are available on a first-come, first-served basis and cannot be reserved.

_____ I understand that library staff will not remain in the room and will conduct periodic visual checks only.

_____ I understand that library staff are responsible only for setting up the exam, tracking the time limit, and returning completed materials.

_____ I understand that I must provide my own laptop/device and charging cord for online exams.

_____ I understand that the library cannot provide detailed technical assistance.

_____ I understand that failure to arrive on time or prepared may result in withdrawal of proctoring services.

_____ I have informed my educational institution of the library's proctoring conditions.

_____ I have arranged for all required exam materials or access codes to be sent to jennifer.lowden@libraryweb.org prior to the exam date.

Student Signature

I certify that the information provided above is accurate and that I agree to follow all Chili Public Library Proctoring Policy requirements.

Student Signature: _____

Date: _____

Adopted: 03/24/2026