



C. LAWRENCE ACADEMY

Proctor Agreement

Student Agreement:

Student Name: _____ OEN: _____

Address: _____

Course Name: _____

As a student, I agree to the following:

1. To be responsible for locating a proctor and set up an appointment for the exams.
2. To be responsible for reimbursing the proctor, if applicable, for the cost of invigilating the exam.
3. Exam Time: _____

Student's Signature: _____ Date: _____

Exam Options:

- Option #1: Writing with a proctor
- Option #2: Writing at the CLA campus

Proctor Agreement (If Option #1 was selected, please fill out this part)

Proctor Name: _____

Date of Birth: _____ Phone #: _____

Email: _____

Check to follow:

- ___ I am an education official, librarian, teacher, or professional with a Bachelor's Degree.
- ___ I am **NOT** blood-related with the student.
- ___ I am/was **NOT** a friend, neighbor, nor co-worker of the student.



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Note: You **CANNOT** invigilate the exam if any of the above statement doesn't apply to you.

Location of the exam _____

By signing this agreement, I agree to maintain the exam's integrity and report to C.Lawrence Academy if there is any student's suspicious activity.

Proctor Signature: _____ Date: _____

Announcement

1. There is an amount of \$100 for writing the final test out of CLA campus.
2. After filling out the Proctor Agreement Form, please send it back to the administration office via email (finalexam@clawrence.ca) with a copy of the proctor's valid photo ID.
3. Once your proctor has been approved, administration office will send out your final exam to his/her approved email.
4. Once the exam has been finished, your proctor must send it back to the administration office as a scanned, clear, and legible document.

Payment Option:

1. E-transfer to finalexam@clawrence.ca, please add your name and course name in the "Message" field.
2. Wire transfer to C.Lawrence Academy.