INDEPENDENT STUDY IN IDAHO EXAM AND PROCTOR POLICIES

All ISI exams require a proctor unless the course indicates that an exam is to be self-administered. Each course requires a separate Proctor/Exam Request Form.

Submit the completed Proctor/Exam Request Form to the ISI office by mail, fax or online at least TWO weeks prior to scheduling the first exam to allow time for processing and delivery. Once your request has been processed, ISI will deliver your course exams directly to the proctor. Exams will not be delivered to residential addresses.

STUDENT INFORMATION (Please print.)

Student name.............................................................................................................. V number.................................................................
Street (or P.O. Box)........................................................................................................ Daytime phone ..............................................................
City................................................................................................................................. Course subjects and numbers ...........................................
State ..................Zip ........................................................................................................ Email.................................................................

I will be using the following exam proctor:

❑ Preapproved proctor at my high school (write in name of school): ...............................................................................................
   If you select the preapproved proctor at your school, this form is complete.

❑ Public Library (provide information below) ❑ University Testing Center (provide information below)

PROCTOR INFORMATION (Please print.)

Proctor name ................................................................................................................ Work title.................................................................
Educational institution name................................................................. Daytime phone ..............................................................
Street ............................................................................................................................. Website.................................................................
City................................................................................................................................. Work email.................................................................
State..................Zip ........................................................................................................ Number of years known ...........................................................
Proctor supervisor’s name ..............................................................................................
Supervisor’s email/phone .............................................................................................

All proctored exams must be administered in an educational setting.

FOR OFFICE USE ONLY

STUDENT INFO
❑ Phone
❑ Email

City, ST
.................................................................................................................................
❑ Need info update
❑ Rcvd .........................................................

PROCTOR INFO
❑ On file
❑ Name on business website
❑ Address
❑ Work email
❑ Work phone

PROCESSING
❑ Preference on file
❑ Emailed proctor
Response by 8 AM............................................. Date

EMAIL RESPONSE
Part 1 #.....................................................
Part 2   #1 ❑ Print   #2 ❑ PDF
Date sent .............................................................