

**This is a two-page form**

By submitting this registration form, you certify that all information provided is correct, and you agree to follow the policies and procedures specified in the ISI catalog and on the website. Changes in the catalog may occur after this printing. Refer to the ISI website for the most current policies, procedures, course information and refund deadlines.

How did you hear about the ISI program?

- ☐ Adviser
- ☐ Personal referral
- ☐ Website
- ☐ U.S. military
- ☐ Catalog/print advertising
- ☐ Conference/education fair
- ☐ Other .....

What is your purpose in enrolling?

- ☐ Earn credit for degree/diploma
- ☐ Earn credit for certification/recertification
- ☐ Earn credit for library science certification
- ☐ Meet admission requirements
- ☐ Professional development
- ☐ Personal enrichment
- ☐ Other .....

### RELEASE OF INFORMATION (Optional) (Please print.)

I, .....authorize ISI to release the following information about me:

Check all that apply:

#### ACADEMIC:

- ☐ Registration/enrollment
- ☐ Grades
- ☐ Progress in course

#### ACCOUNT:

- ☐ Charges
- ☐ Payments

To the following individual(s) upon their request (please print):

1. Name ..... Relationship .....  
Street address ..... Email .....  
City, State, Zip Code ..... Phone number .....
2. Name ..... Relationship .....  
Street address ..... Email .....  
City, State, Zip Code ..... Phone number .....

I understand that this information is considered a student education and/or financial record. Further, I understand that by signing this release I am waiving my right to keep this information confidential under the Family Educational Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form. The authorization on this form will supersede all prior authorizations for release of my information.

- ☐ I wish to revoke all consent for release of information

Student's signature..... Date.....

Please review the policies regarding proctor selection and responsibilities below before completing the back of this form.

### 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.

### RESPONSIBILITIES OF THE STUDENT

Students are responsible for finding a qualified person to supervise the exam process, proctor exams and return completed exams to ISI. It is the student's responsibility to provide his/her contact information to the proctor, make exam arrangements and notify the proctor of changes. The student must show government issued picture identification to the proctor before taking an exam (student ID cards are not acceptable). The student is required to follow guidelines outlined in the Course Rules posted on the course BbLearn website.

### PROCTOR SELECTION AND REQUIREMENTS

Selection of an independent, non-biased proctor protects the student from allegations of academic dishonesty and maintains the standards of the region's accrediting agency. Proctor selection is subject to approval by ISI and the course instructor, and is monitored throughout the duration of the course. *Independent Study in Idaho reserves the right to ask the student to select a new proctor at any time.*

ALL exams for most courses will be sent at the same time, unless otherwise directed in the Course Rules. All exams are paper based.

**Graded exams are not returned to the student.**

Students must recruit a proctor who will:

- Receive all exams directly from ISI and store them in a secure location
- Supervise the exam process in an educational setting or library
- Monitor the student for the duration of the exam
- Return each exam and completed Proctor Instruction Letter to ISI within one week of the exam being completed
- Follow ISI policies throughout the exam process to ensure academic integrity

### UNACCEPTABLE PROCTORS

- Friends, family members or members of the same household
- Personal or educational mentors, tutors or advisers
- Coworkers, including employers/supervisors
- Athletic coaches, assistant coaches or athletic administrators
- Substitute teachers, retired teachers or current students
- Anyone who does not have a professional email address (Gmail, Hotmail, Yahoo, etc. are unacceptable)

### ACCEPTABLE PROCTORS

- College/university/K-12 administrators, or instructors
- Official testing center at a college/university
- Educational officers of a corporation, military installation, or correctional facility
- Certified librarians at a library, college/university, or school
- Follow this link to locate a possible proctoring site in 45 state and 3 countries: <http://www.ncta-testing.org/cctc/find.php>

- ☐ I certify that I do NOT have any of the relationships with the proctor as specified in the "Unacceptable Proctors" criteria above.
- ☐ I certify that I have talked/met with the proctor and he/she has agreed to proctor my exams for the course(s) listed on the reverse side of this form.

Student signature ..... Date.....

## 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, delivery. Once your proctor information 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..... Country .....  
Email .....

### PROCTOR INFORMATION (Please print.)

Proctor name ..... Work title.....  
Educational institution name ..... Daytime phone.....  
Street ..... Website.....  
City..... Work email.....  
State..... Zip..... Country .....  
Relationship to student.....  
Number of years known .....  
Proctor supervisor's name .....  
Supervisor's email/phone.....

Please include the physical address below if it is different from the mailing address:

.....  
Additional notes.....  
.....

**All proctored exams must be administered in an educational setting.**

#### FOR OFFICE USE ONLY

##### STUDENT INFO

- ☐ Phone  
☐ Email

City, ST  
.....

☐ Need info update

☐ Rcvd .....  
Date

##### PROCTOR INFO ☐ Onfile

- ☐ 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 .....

Legal name..... Birthdate..  
Last First Middle

UI Student ID/ V number (if applicable).....

I hereby authorize ISI to release the following information about me:

Check all that apply:

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☐ Charges ☐ Payments

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