



EXAM SUPERVISOR APPLICATION FORM (USA OFFICE)

This form should only be used by students enrolled directly through the USA office of Global University. Submit this form when nearing completion of your course. **Mail:** Global University / Attn: U.S. Student Services, **Fax:** (417) 862-0863, or **Scan and E-mail:** gradingservices@globaluniversity.edu.

Student Information:

Directly Enrolled / U.S. Student Name *(please print)* _____

Student ID _____

Office Code _____

Suggestions for exam supervisor:

Qualified exam supervisors could include, but are not limited to, teachers, librarians, school administrators, pastors, or other professionals.

Restrictions include:

- The exam supervisor must be 18 years old or older
- The exam supervisor cannot be a relative of the student
- The exam supervisor cannot be an active student at Global University or any other college/university
- The exam supervisor must be able to monitor the student during the administration of the final exam
- Global University reserves the right to disapprove any applicant
- The exam supervisor cannot reside at the same address as the student

Requested Exam Supervisor: (* indicate required fields)

* Exam Supervisor Legal Name *(please print)* _____

* Job Title / Employer _____

* Daytime Mailing Address *(If physical address is different from PO Box, list both)* _____

* Exam Supervisor's Relationship to Student _____

* City, State _____

* Daytime Telephone _____

* Zip Code, Country _____

E-mail _____

Please check if the above is a church or business address. _____
Name of Church or Business

Responsibilities of an exam supervisor:

1. Arrange a time and location with the student to administer the final exam. Schedule up to 3 hours to ensure the completion of the exam.
2. Be prepared to accept and sign for the Global University exam packet when the post office delivers it to your daytime address.
3. Keep the confidential exam materials in a secure location and ensure the student does not have access to the exam until time to administer it.
4. Monitor the student at all times during the examination session to ensure the exam is taken closed-book (unless otherwise indicated in the instructions) and that the 3-hour time limit to take the exam is kept.
5. Sign and date the *Exam Supervisor Only* box on each Scantron form. This verifies that all exam procedures were followed and the student did not use inappropriate aids. **Note: The completed exam cannot be processed without this signature and date.**
6. Return all exam materials within the time limit indicated on the Exam Scantron, or within 3 days of administering the exam, or by the course expiration date—whichever comes first.
7. Exam materials should be returned to Global University via a traceable shipping method such as UPS, FedEx, DHL, or certified mail. The student should provide a large envelope and shipping cost for the return of the exam.

Signature Verification:

I accept the responsibilities of the exam supervisor for the above-mentioned student. I commit to preserve the integrity of the course evaluation process prescribed by Global University and will ensure that the final examination for each course be taken in my presence and in compliance with university standards. If for any reason I cannot administer the test, I will inform the student and return the exam packet to Global University. I will not give the exam packet to another individual to administer the test to the student unless I have been granted permission by Global University.

Exam Supervisor's Signature _____

Date _____

Please return this completed application form to the student

Office Use Only

Date Application Received: _____ Exam Supervisor ID: _____ Approved: Yes No

Authorized By: _____ If Denied, State Reason: _____