



Supervisor's Official Title \_\_\_\_\_

Institution \_\_\_\_\_ Dept. \_\_\_\_\_

Supervisor's Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

SUPERVISOR: Please carefully read all of the information and requirements listed on the back of this form before agreeing (signing) as supervisor of this eCampus examination. To maintain accreditation standards and continue this service to the student, all of the requirements must be met. (If you feel that you cannot personally supervise the examination under these instructions, please decline the student's request.)

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

# Examination Supervisor Requirements

Before and During the Exam:

- 1.