The Shelby Township Library provides examination proctoring services for written and online examinations as a service to Shelby Township residents.

1. Students must be Shelby Township residents with a library card in good standing.

2. At the time of the exam, students must furnish a government or school issued photo ID.

3. The student is required to contact the Library for an appointment for proctoring and arrange to have test materials accessible. It is advised that students call the Library prior to the test to make sure the necessary testing or login information has arrived. The examination can be mailed, emailed, or faxed to the library.

4. The student should arrive promptly for the proctoring appointment with the items required for taking the test. Only items listed in the proctoring instructions will be allowed in the test area. The student is responsible for securing personal items before the test begins.

5. The student is required to provide necessary postage for mailing exams to institutions.

6. For online examinations, students are encouraged to bring their own laptops. It is the student’s responsibility to ensure that his/her computer settings are compatible with the testing requirements. Library computers cannot be used for exams that require the installation of special software or the modification of computer settings.

7. The Library has a secure conference room in which the student may take his/her exam. The Library will provide staff to schedule the exam, verify the student’s photo ID, and certify that the student has taken the exam within a specified time. The Library will not provide a staff member to continuously monitor the exam.

8. Library staff will deliver the completed exam/answer sheet either to the care of US Postal service, or via fax or email to the responsible institution, but is not responsible for delivery beyond that point.
Library Portion:

Exam Date: _____________________  Exam Time: _________________________

Exam Received Date: _____________  Librarian Initials: ____________________

Librarian (proctor) Name: ___________________________  Date: _____________

__ Completed Exam returned to Institution: Date: _______  Initials: _________

__ Incomplete Exam returned to Institutions: Date: _______  Initials: _________

Student Portion:

I agree to abide by the terms of this proctoring agreement and understand that failure to do so will result in the cancelation of this agreement.

Name: ____________________________  Library Card #: ______________________

Signature: ___________________________  Date: ____________________________

Proctoring Contact Information:

Proctor Librarian
Phone: 586-739-7414
Email: Shelbylib@libcoop.net (subject line: Proctoring)
Fax: 586-726-0535
Mailing: Shelby Township Library
    Attn: Proctor
    51680 Van Dyke Ave.
    Shelby Township, MI 4831

Approved by Library Advisory Commission 2/16/16
Adopted by Board of Trustees 02/2017