Application for Examination: FINAL

Please note: you must allow ten days to process this application after it is received by the eCampus Examination Coordinator.

All information must be printed or typed.

<table>
<thead>
<tr>
<th>Student Information</th>
<th>Course:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lesson # of Exam:</td>
</tr>
<tr>
<td>Full Name</td>
<td>If you plan to take the examination in Athens or one of our regional campuses, call 1.800.444.2420 to schedule your examination.</td>
</tr>
<tr>
<td>Ohio University PID#</td>
<td>For exams outside of Athens, eCampus does not arrange exams with third parties. Arrange your time directly with your examination supervisor. Please remember that eCampus cannot send your exam to your supervisor until all lessons prior to the exam have been graded and recorded in our office.</td>
</tr>
<tr>
<td>Street</td>
<td>Suggestion: Include this form with the submission for grading of the lesson prior to the exam.</td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
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<tr>
<td>Zip</td>
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<tr>
<td>Phone#</td>
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</table>

The examination must be taken within 4 weeks of receipt by the test supervisor or it will be returned to eCampus.

Supervisor Information (No Abbreviations Please)

<table>
<thead>
<tr>
<th>(Last Name)</th>
<th>(First Name)</th>
<th>(Middle Name)</th>
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</thead>
</table>

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. The supervisor must check the student’s identification at the time of the examination. Picture identification is required.

2. The exam should be conducted in an atmosphere conducive to good concentration (good lighting, quiet, etc.).

3. The student must not have access to any books, notes, or supplementary aids unless specifically authorized by the examination.

4. The student must take the exam in one sitting within the time specified (usually two or three hours).

5. The supervisor must personally observe the student throughout the examination period and attest to the integrity of the examination.

6. The student is not allowed to have a copy of the exam or to copy any part of it.

Upon Completion of the Exam (at the end of the time allotted):

Immediately upon the conclusion of the time allotted for the examination, the supervisor will:

1. Collect all the examination materials from the student and place them in the pre-addressed envelope provided.

2. Enclose the signed certificate attesting to the proper administration of the examination.

3. Mail the envelope at once to the eCampus office.

If the examination is not taken within four weeks after it has been received, it must be returned unopened in the pre-addressed envelope.

Transferring Supervising Responsibility to Another Supervisor:

The supervisor may transfer the supervising responsibilities to another professionally qualified person within the same institution or school system by informing that person of the above requirements and by signing the certificate of transfer which is included with the examination. Professionally qualified persons include high school principals, school superintendents, and administrative officers or permanent faculty members (professor, associate professor, or assistant professor) of an accredited college or university. The person must not be related to the student.

If you feel that you cannot personally supervise the examination under these instructions, please decline the student’s request. If you accept this responsibility, please indicate your acceptance by signing and completing the supervisor information on the front of this form.

(Upon receipt of this application, Ohio University reserves the right to reject a proposed supervisor or to require the use of its designated supervisor in certain geographic areas.)