

PROCTOR REQUEST FORM

Student Information

Name _____ University ID# _____

Address _____

City/State/Zip _____

Telephone: Day (____) _____ Evening (____) _____ Cell (____) _____

Email Address: _____

Course Information

Semester: Jul 2016 Aug 2016 Sep 2016 Oct 2016 Nov 2016 Dec 2016
 Jan 2017 Feb 2017 Mar 2017 Apr 2017 May 2017 Jun 2017

Course Title & Course Code _____

Proctor Information (Check a box only if you wish to take the pen/paper version of your exam(s). If testing online through OPS, you can schedule an appointment at <http://www.proctoru.com/portal/tesu/>).

I am using Option A for my pen/paper exam (an individual proctor near my home or work).

Have your proctor complete Page Two of this form. You can then scan it and send it to testing@tesu.edu or submit it by mail or fax.

I am using Option B for my pen/paper exam (Thomas Edison State University in Trenton, NJ).

You can submit Page One of this form online at <https://forms.tesu.edu/dfprocto.php>. The next step is to reserve a seat on one of our test dates in Trenton by using our Web-based scheduling option at <http://www.it-frontdesk.com/resv/tesu/>. Schedule both your midterm and final as early in the semester as possible.

Reminders

- Taking your exam(s) online through our Online Proctor Service (OPS) is an option in all courses. Submitting a Proctor Request Form is necessary only if you wish to take the pen/paper version of your exam(s).
- This form should be submitted to the Office of Test Administration by the end of the first week of the semester even if you are using the same proctor as in previous semesters. Otherwise, your exams will not be mailed.
- Refer to the "Student Handbook for Guided Study Courses" to learn all options for finding a proctor for your pen/paper exam(s) before you make a selection.
- If you selected Option A with a proctor you have used in the previous semester, you must still list his/her name, mailing address, *and* phone number on Page Two of this form. The proctor's signature is not required if the proctor was approved for you in previous semesters *and* if you have listed his/her name, address, and phone number. Providing a name only or the words "same proctor" is not sufficient.
- If you need information on a reasonable accommodation for a verified disability, contact the Office of Students with Disabilities at (609) 984-1141, ext. 3415 (voice) or (609) 341-3109 (TTY).

Scan completed form and send to testing@tesu.edu or submit by fax (609-777-2957) or mail:

Thomas Edison State University
Office of Test Administration
ATTN: Proctor Request
Canal Banks Building
221 West Hanover Street, Trenton NJ 08608

If you do not receive an email verification within 5 business days of submission, contact OTA at testing@tesu.edu

PROCTOR REQUEST FORM, PAGE TWO

Option A: Select a proctor at a site near your home or work.

- For guidelines on finding a proctor near your home or work, refer to Examinations and Proctors in the “Student Handbook for Guided Study Courses” or go to <http://www.tesu.edu/5081.php>.
- Have the potential proctor complete all information below. Make sure your student information is completed on the other side and then scan it and send it to testing@tesu.edu or submit it by mail or fax by the end of the first week of the semester.
- You will receive an email verification when your proctor has been approved.
- Exams will be mailed directly to the proctor about two weeks before the official test week. **All exams must be completed by the last day of the semester unless you have applied for and been granted an official course extension.**

Please Print

Proctor name _____

College/library _____

Title _____

Work address _____

Work telephone _____ Cell _____ Email _____

Brief job description _____

Are you a full-time employee? _____

What is your relationship to the student? _____

Where will you store the test? _____

Where will you administer the test? _____

Can you time the student to verify that the exam is completed in the allowed time frame? _____

Can you monitor the student throughout the examination? _____

List prior proctoring experience (test and dates). _____

Proctor Signature _____ Date _____

I, the undersigned, attest that all proctor information contained on this form is correct and conforms to the guidelines for suitable proctors. I have read the guidelines and agree to abide by all rules and regulations set forth by the University. I understand that any deliberate misstatement of fact may result in my dismissal from Thomas Edison State University and a grade of “F” being assigned for any and all courses—past and present—in which examinations were taken under such misstatement.

Student name (please print) _____

Student Signature _____ Date _____

REQUEST FOR TRANSFER

Please complete this form online at <https://forms.tesu.edu/dftrans.php> or submit this completed form to:

**Thomas Edison State University
Office of the Registrar
101 West State Street
Trenton, NJ 08608-1176
Fax: (609) 292-1657**

Please see the "Student Handbook for Guided Study Courses" or the *University Catalog* for instructions about requesting a transfer. Keep a copy of this form for your records. **DO NOT** send this form to CLT or to your mentor.

Name _____ University ID # _____

Address _____ City/State/Zip _____

Telephone: Day (____) _____ Evening (____) _____ Fax (____) _____

Course Title & Course Code _____ Mentor's name, if known _____

Email address _____

Semester: Jul 2016 Aug 2016 Sep 2016 Oct 2016 Nov 2016 Dec 2016
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Requests for transfer from one course, course delivery mode, or course section to another will be considered by the first Friday of the course. Transfers may be denied because of lack of space in the requested course. Requests for transfers must be on this form or in a letter to the Office of the Registrar containing all the information requested on this form. **Transfers are permitted only to courses offered within the same term.**

Any increase in tuition must be enclosed with your request. Your signature is required for credit card payments. Should the new course be less costly than the original, the difference will be credited to your account or refunded. If course materials and/or textbooks for the original course have been ordered and received, refer to the *University Catalog* and contact the textbook supplier for return policy information. You will be responsible for obtaining course materials and textbooks for the course to which you are transferring.

Course Transfer Request

From (Course Title and Course Code): _____

To (Course Title and Course Code): _____

Fee Schedule

Additional Tuition \$ _____

Total enclosed \$ _____

If new course costs less than the original:

Credit my account Send a refund

Payment method: (If faxing, use credit card for payment.)

Check or Money Order

Credit Card Type: _____

Card # _____ Expiration Date _____

Signature _____

Student Signature (Required) _____ **Date** _____

Office Use Only: [] Approved [] Denied Date _____ Authorized by _____

REQUEST FOR COURSE WITHDRAWAL

Please complete this form online at <https://forms.tesu.edu/dfwdraw.php> or submit this completed form to:

Thomas Edison State University
Office of the Registrar
101 West State Street
Trenton, NJ 08608-1176

Please see the "Student Handbook for Guided Study Courses" or the *University Catalog* for instructions about requesting a course withdrawal. Keep a copy of this form for your records. DO NOT send this form to CLT or to your mentor.

Name _____ University ID # _____

Address _____ City/State/Zip _____

Telephone: Day (____) _____ Evening (____) _____ Fax (____) _____

Course Title & Course Code _____ Mentor's name, if known _____

Email address _____

Semester: Jul 2016 Aug 2016 Sep 2016 Oct 2016 Nov 2016 Dec 2016
 Jan 2017 Feb 2017 Mar 2017 Apr 2017 May 2017 Jun 2017

Students using financial aid who withdraw from one or more courses will be responsible for any financial charges caused by their withdrawal. Contact finaid@tesu.edu if you are unsure of the impact of your withdrawal. Requests for course withdrawals must be on this form or in a letter to the Office of the Registrar containing all the information requested on this form. Withdrawal requests must be received in the Registrar's office prior to the last day of the term. Requests received later will be denied and a grade of "F" or "NC" will be assigned. If you withdraw from a course during the first three weeks of the semester, you may be eligible for a tuition refund as outlined below. Students who are enrolled in some special programs are not eligible for a refund. The postmark, fax date, or email send date of the withdrawal request will be the official date of the withdrawal. Withdrawing from a course does not affect your status in the degree program in which you are enrolled, nor does it withdraw you from the University. Requests to withdraw from the University must be sent as a separate request to registrar@tesu.edu. GoArmyEd students must withdraw courses through the GoArmyEd portal. UMDNJ students must withdraw courses directly through UMDNJ. GoArmyEd and UMDNJ special population students cannot use this form to withdraw.

Refer to the textbook supplier's policy and procedures for return of course materials due to course withdrawal.

WITHDRAWAL TUITION REFUND SCHEDULE

Withdrawal requests must be postmarked, fax-dated, or submitted via email according to the following schedule for the corresponding refund:

Before the first day of the semester	100% refund of tuition
Between the first and seventh day of the semester	75% refund of tuition
Between the eighth and fourteenth day of the semester	50% refund of tuition
Between the fifteenth and twenty-first day of the semester	25% refund of tuition
After the twenty-first day of the semester	No tuition refund

Please note: The registration fee and late fee are nonrefundable. Tuition refunds will be processed within two weeks after receipt of withdrawal request.

Reason for Withdrawal Request

Student Signature (Required) _____ Date _____

Office Use Only: Approved Denied Date _____ Authorized by _____

STUDENT DATA CHANGE FORM

You may make some changes online at <https://forms.tesu.edu/dfchang.php>. If you have to submit documents related to a name change, you must mail the form and documents to:

**Thomas Edison State University
Office of the Registrar
101 West State Street
Trenton, NJ 08608-1176**

You must complete this section. Please notify your mentor(s) of any changes as soon as possible.

Student Name _____

University ID # _____

Check below which changes you would like made to your record. To make a name change, the registrar will need a notarized copy of your marriage license, divorce decree, or verification of legal name change. Name change requests will be returned unprocessed if not accompanied with the proper notarized document.

- | | |
|---|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Work Telephone |
| <input type="checkbox"/> Address | <input type="checkbox"/> Fax Number |
| <input type="checkbox"/> Home Telephone | <input type="checkbox"/> Email Address |

Change From:	Change To:
Name	Name
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Fax Number	Fax Number
Email Address	Email Address

Please keep a copy of this form for your records.

Office Use Only: [] Recorded [] Filed