Request for Proctoring Services

The University of Hawai‘i System provides test-proctoring services for non-University of Hawai‘i tests as a community service for a fee. The nonrefundable fee is $25.00/hour and any fraction thereof (i.e., 1 hour = $25.00, 1 hour 1 minute = $50.00).

Proctoring services are available in Honoka‘a at the North Hawai‘i Education and Research Center (NHERC) of UH Hilo. Please note that proctoring services are contingent upon the availability of staff and facilities, and NHERC reserves the right to deny this service at the discretion of the Center staff (i.e., proctoring request is deemed unreasonable in its demands, too complex to administer, or is requested for a time that cannot be accommodated).

To request proctoring services at the North Hawai‘i Education and Research Center (NHERC) of UH Hilo, you must contact NHERC to discuss the test, then complete and submit this form along with your payment to the University of Hawai‘i at Hilo. The NHERC Office will validate the form and complete the bottom portion. This completed form must be received by the testing center prior to your test appointment. Payment can be made in person, by mail or over the phone if paying by credit card. To discuss a test, or for more information, call NHERC (808.775.8890) or email nherc-proctoring@lists.hawaii.edu.

Date Payment Made: ______________________
Name of Student Taking the Exam: _________________________________________________
Mailing Address: ________________________________________________________________
Phone #: ________________________ E-mail: _________________________________________
School/Company Sending the Exam: ______________________________________________
Course/Name of Exam: ___________________________________________________________
Number of Hours _____ X $25.00 = Total Payment: $ ______________________

Note: If paying by check, make check payable to University of Hawai‘i at Hilo

Form of Payment: _____ Cash _____ Check _____ Money order _____ Credit card

Office Use Only

Payment amount: ________________________ Payment date: ________________________
Payment received by: ________________________
Staff signature: ________________________ Account Number: 2268152 Object Symbol: 0649

If payment is made by other than the student taking exam (parent, agency, or company), please state name and address that the refund check should be made payable to: