



**AMERICAN  
UNIVERSITY  
OF BEIRUT**

## Assessment and Testing Center

### Exam Proctoring Request Form (for Abroad Exam Requestors)

#### Section 1: Student Information

Please provide the student's details as registered with your institution.

**Student ID:**

**Full Name:**

**Email Address:**

#### Section 2: Exam Date, Time, and Course Details

**Course Name and Code:**

**Scheduled Exam Date & Time (as per your time zone):**

(e.g., Monday, August 14, 2025, 09:00 AM Montreal Time)

**Exam Length:**

(e.g., 3 hours)

**Exam Type:**

☐ Online

☐ Paper-Based

**Exam Materials Allowed:**

(Please specify what materials are permitted during the exam — e.g., calculator (basic/scientific/graphing), formula sheet, notes, dictionary, etc.)

#### Section 3: Fees

The student is responsible for **any** and all fees incurred to take the exam at AUB Assessment and Testing Center.

**Proctoring Service Fees:**

**Up to 2 hours:** \$100

**Additional hour or fraction:** An additional \$50

An invoice will be promptly prepared on **Banner** and forwarded to the student. To facilitate a smooth process, the student is required to settle the fee at **AUB's cashier office** before the scheduled exam date.



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### **Section 3.1: Disclaimer to Student**

By submitting this exam request, the student acknowledges and agrees to the following:

- The student is responsible for any and all fees incurred to take the exam at AUB Assessment and Testing Center.
- The student must arrive at the test center **at least 15 minutes** before the scheduled exam time.
- The student must bring a **valid government issued passport**.
- Only the materials explicitly authorized in the **Exam Materials Allowed** section will be permitted in the exam room.
- **No unauthorized aids**, including mobile phones, smartwatches, or personal notes, are allowed inside the examination room.
- Any breach of exam integrity or misconduct will be reported to the home institution.

### **Section 4: Signatures & Acknowledgment**

By signing below, the instructor and the student confirm that they have reviewed and agreed to the details, terms, and conditions outlined in this form.

#### **Instructor (or Exams Office Representative at Home Institution)**

Full Name:

Position:

Institution:

Signature:

Date:

#### **Student**

Full Name:

Student ID:

Signature:

Date:

### **Section 5: Submission Instructions**

The completed and signed form must be submitted to [testingcenter@aub.edu.lb](mailto:testingcenter@aub.edu.lb) at least 3 weeks before the scheduled exam date to allow adequate time for scheduling and arrangements.

American University of Beirut

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