



**STUDENT APPLICATION FOR TEST PROCTORING**

Please fill out as completely as possible.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School Issuing Exam: \_\_\_\_\_

\_\_\_\_\_ Type of Test:

\_\_\_\_\_ Written \_\_\_\_\_ On-Line

Test will be sent to proctor via: \_\_\_\_\_ Mail \_\_\_\_\_ Email \_\_\_\_\_ On-

line Time limit for test \_\_\_\_\_

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Library Use Only  
Date of Appointment \_\_\_\_\_ Time \_\_\_\_\_ Exam  
Rec'd \_\_\_\_\_ Password Required \_\_\_\_\_  
Start time \_\_\_\_\_ Finish \_\_\_\_\_  
Test Returned Mail \_\_\_\_\_ Faxed \_\_\_\_\_ Email \_\_\_\_\_  
Notes: \_\_\_\_\_