



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 _____

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