

Proctor Form

Students Name: _____

Phone Number: _____

Email: _____

School: _____

Semester (Including Start and End dates if known): _____

*I have read and agree to the terms of the proctoring policy. _____

Class #1: _____

Professor's Name & Contact Info: _____

Special Instructions for Tests: (Staff use only)

Class #2: _____

Professor's Name & Contact Info: _____

Special Instructions for Tests: (Staff use only)

Class #3: _____

Professor's Name & Contact Info: _____

Special Instructions for Tests: (Staff use only)