



Proctoring Request Form

Please complete the following. Return this form via email or when sending exam through international courier.

Date _____ Course _____

Name of Institute _____

Instructor's name _____

Area Code / Phone / Ext. _____

Email _____

Student name _____ Student ID # _____

Student contact number / Email _____

Time allowed _____ Date test must be completed _____

Student may use: (Please check)

Notes ___ Calculators ___ Open book ___ Dictionary ___

None of the above ___

Are personal items (purse, phone, etc...) allowed in exam area? Yes ___ No ___

Please provide any special instructions:

**** All students are required to show a picture ID before the start of the exam ****

To be completed by Proctor:

Date/time of checked-in _____

Date/time completed _____

Exam returned to instructor _____

Observations: _____

Signature/Stamp