

Application for Off-Campus Test Proctor

Date: _____

Proctor's Name: _____

Title: _____

Institution/Affiliation: _____

Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

Relationship to the Student: _____

I agree to serve as the proctor for examination of the referenced student. I acknowledge that I have no relationship with the student outside that listed above.

Proctor's Signature: _____ Date: _____

(Please attach a copy of your faculty/staff ID or statement of affiliation on organizational letterhead signed by an organization officer to this request.)

Student's Full Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email: _____

Course(s) Title (i.e. ACC1213 HO): _____

Reason for not coming to campus: _____

Return this form to the eLearning Office through email lrichards@coahomacc.edu or Fax 662-621-4126