COM Graduate Programs Proctor Form

Proctor Information

Name*: ____________________________________________________________

Phone No. ______________ Fax No. ______________________________

Email address _______________________________________________________

Official Title: ______________________________________________________

Institution Name: ___________________________________________________

Address: __________________________________________________________

____________________________________________________________________

* Testing centers in colleges, universities, or public libraries usually provide proctoring services, possibly
with a small fee. The proctor chosen by a tester cannot be a friend, a relative, or a direct coworker or
supervisor of the tester.

Student Information

Name: ______________________________________ ID/SSN: ______________________

Phone No. ______________________________________________________________

Email address _________________________________________________________

Student’s Signature: ______________________ Date: _________________________

Proctor’s Signature: ______________________ Date: _________________________

*Students who need this service should find a proctor, fill out this form, mail or fax it to addresses above.

8/27/08