Proctor Approval Application

Section A. To be completed by the student

1. Student Contact Information:
   
   Student Name: _________________________________   CSU Student ID#: _____________________  
   
   Student CSU Email: _____________________________  Phone Number: _______________________  

2. Course Number(s) and Instructors:
   
   __________    _____________________________  
   __________    _____________________________  
   __________    _____________________________  

3. Semester/Term & Year:
   
   - [ ] Fall 20 _______  
   - [ ] Spring 20 _______  
   - [ ] Summer 20 _______  

4. The proctoring service or individual that I am submitting for approval is (check all that apply):
   
   - [ ] An education officer or librarian at a community college; university, elementary or secondary school;  
   - [ ] A testing administrator at a college, university or private testing service;  
   - [ ] A Military Learning Center military officer of a rank higher than that of the above-named student;  
   - [ ] Other: ______________________________

5. Fill in the proctor’s information
   
   Proctor’s Name: _____________________________
   
   Institution / Organization Name: _____________________________

6. I, the student named above, agree to the following: (1) to locate a proctor and set up an appointment for my course exam(s) according to published dates; (2) to arrange for fee payment for the proctoring service, if any; and (3) to submit this form to the proctor for completion and to provide him/her the instructions.

   The information in Section A is correct to the best of my knowledge.

   _____________________________               _____________________
   Student’s Signature               Date

Section B. To be completed by the proctor

1. Proctor Information:
   
   Proctor’s Name: _____________________________
   
   Phone Number: _____________________________
   
   Institution / Organization: _____________________________
   
   Street Address: _____________________________  City: __________  State: __________  Zip Code: __________
   
   E-Mail address: _____________________________
2. I certify the information in Section B is correct to the best of my knowledge.

______________________________________________________                  ____________________
Proctor’s Signature                                                                                      Date

Please Fax or electronically send this form to:

Course Instructor: __________________________________________ Course ID#__________________________

Course Instructor’s email address: ____________________________________________________________________

Source: Adapted from Norfolk State University & Bethune Cookman University