

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):	5. Fill in the proctor's information
An education officer or librarian at a community college; university, elementary or secondary school;	Proctor's Name
A testing administrator at a college, university or private testing service;	Institution / Organization Name
A Military Learning Center military officer of a rank higher than that of the above-named student;	
Other:	
 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 <u>Section A</u> 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	

^r my knowledge.
Date
Course ID#

Source: Adapted from Norfolk State University & Bethune Cookman University