

Proctor Request Form

For students planning to take examinations outside the Columbia area.

PLEASE TYPE OR PRINT CLEARLY

Student Information

ID# _____ Course number (e.g., STAT 700) _____

Student name _____

Street address _____

City, State, ZIP _____

Home phone # _____ Work phone # _____

Proctor Information

Proctor name _____

School or business name _____

Street address _____

City, State, ZIP _____

E-mail address _____

I agree to supervise the examination for the above named student.

Proctor's signature _____

Official position _____

Proctor's phone # _____ Proctor's FAX # _____