Bethune-Cookman University
Office of Testing
Proctor Approval Application

Section A. To be completed by the student

1. Student Contact Information:

Student Name: _____   B-CU Student ID#: _____

Student B-CU Email: _____   Phone Number: _____

2. Course Number(s) and Instructors:	3. Semester and 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; ☐ 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: _____	_____ 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 <u>Section B</u> 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: _____