CTC PROCTOR APPROVAL APPLICATION

Student Information *(To be completed by the Student)*

First Name   Last Name   Middle Initial

_____   _____   _____

Student ID   Student E-mail Address

_____   _____

College and Course Information *(To be completed by the Student)*
Name of College Offering the Course

_____

Course Prefix & Number   Course Name   Event Date and Time

_____   _____   _____

Instructor's Name   Instructor's E-mail Address

_____   _____

Proctor Information *(To be completed by the prospective test proctor.)*
First Name   Last Name   Middle Initial

_____   _____   _____

Title/Position

_____

Name of Employer

_____

Address of Employer

_____

City: State: Zip Code

_____ , _____ _____

Business Phone   Business Fax

_____   _____

Proctor E-mail Address

_____

Would you like to be placed in our Test Proctor Database to be contacted for future exams?

☐ Yes
☐ No

Do you require a test proctoring fee?   ☐ Yes - Indicate Amount $ _____
☐ No

Proctor's Signature   Date

_____   _____

By signing my name above I verify that all information is true to my knowledge. I agree to adhere to the Proctor Requirements indicated by your college if I am approved to administer the exam.