

# PROCTOR REQUEST FORM

## STUDENT INFORMATION

Student's EMPLID: \_\_\_\_\_ Student's name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Reason for requesting a proctor: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date \_\_\_\_\_

## COURSE INFORMATION

Course number: \_\_\_\_\_ Course name: \_\_\_\_\_

## FACULTY INFORMATION

Faculty name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## PROCTOR INFORMATION

Proctor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Work phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Proctor's relationship to student: \_\_\_\_\_

## PROCTOR'S STATEMENT

"I agree to serve as a proctor for \_\_\_\_\_. I certify that the information I provided on the Proctor Request Form is correct."

Proctor Signature: \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS

Please scan the form and email directly to the instructor **OR** mail this form to:

Blue Ridge Community College

Attn: **Please add the Instructor's Name**

PO Box 80

Weyers Cave, VA 24486