



Application to Request a Proctor

Name: _____

Address: _____

Phone/Email: _____

Date(s) of Test: _____

How many courses will need to be proctored? _____ How many exams? _____

Are the tests paper computer or a combination?

Name of School Attending: _____

Approved: Y N

Comments: _____

320.308.3081 ph
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St. Cloud, MN 56301-4498
Brown Hall, Room 115

*“Innovative Leadership
for Lifelong Learning”*