



Instructor's Proctor Request Form

Course: _____
Course Name Course #

Instructor: _____
Instructor's Name

() - _____
Instructor's Office Phone Instructor's Email

How many proctors does the instructor need? _____

Test date and time: ____/____/20 @ ____:

Where should the Proctor(s) meet the instructor? _____

Please list any instructor preferences (i.e. proctor major, early meeting time, etc):

TO BE COMPLETED BY THE LEARNING CENTER

Table with 4 rows for Proctor 1-4, each with fields for Proctor's Name and Preferred Contact Information.

TLC Director: Dr. Anna Dill (662) 325-7226 anna.dill@msstate.edu
Director's Name Office Phone Office Email

X _____ / ____/20
Instructor's Signature MM / DD / YYYY

X _____ / ____/20
Proctor 1's Signature MM / DD / YYYY

X _____ / ____/20
Proctor 2's Signature MM / DD / YYYY

X _____ / ____/20
Proctor 3's Signature MM / DD / YYYY

X _____ / ____/20
Proctor 4's Signature MM / DD / YYYY

X _____ / ____/20
Director's Signature MM / DD / YYYY