Distance Learning
Proctor Request Form

For CSI Class Exams: To obtain approval for a proctor- please fill out the proctor request form and return to your class instructor’s e-mail or fax number listed on your syllabus.

For CSI Placement Testing: Please complete BOTH sections of this form and email to Jeff Gourley, Testing Center Coordinator at jgourley@csi.edu.

IMPORTANT PROCTORING INFORMATION:

• All exams must be taken under the supervision of an acceptable proctor. The proctor may not be a personal friend, family member, tutor, coworker, or another student. (Please see testing information on website for acceptable proctors)

• Students must find a proctor who is willing to certify that he/she will follow the exam instructions. Students are responsible for any fees for testing.

• Students are responsible for making all arrangements with the proctor giving the exam.

• Exams are sent directly to the proctor by U.S. mail, unless the test is on computer and then test information will be sent via email.

Section I: To be completed by the student (please type or print legibly):

Instructor’s Name ________________________Course Name/Number ____________________________
Test Name/Number ________________________
Student’s Name ____________________________Student ID # ____________________________
Street Address ________________________________________________________________________
City State Zip - ________________________________________________________________________
Daytime Phone ________________________________________________________________________
E-mail _______________________________________________________________________________

Is the proctor below a new proctor? Yes _____ No _____

Section II: To be completed by the proctor who will be proctoring the exam (please type or print legibly for exam mailing):

Proctor’s Name ________________________________________________________________________
Title ____________________________ Institution Name ____________________________
Name and Phone Number of Proctor’s Direct Supervisor ____________________________
Mailing Address ________________________________________________________________________
(Exams are only mailed to professional addresses, and must be administered in a professional office or setting.)
City State Zip - ________________________________________________________________________
Business Phone ________________________________________________________________________
E-mail _______________________________________________________________________________
Proctor’s Signature ________________________________________________________________

***Please E-mail, Mail or Fax this form to your class instructor for CSI class exams***