



Bethune-Cookman University
Office of Testing and Quality Assurance
Proctor Approval Application

Section A. To be completed by the student

1. Student Contact Information:

Student Name: _____ B-CU Student ID#: _____

Student B-CU Email: _____ Phone Number: _____

2. Course Number(s) and Instructors:

3. Semester and Year:

- Fall 20 ____
 Spring 20 ____
 Summer 20 ____

4. The proctoring service or individual that I am submitting for approval is (check all that apply):

- An education officer or librarian at a community college; university, elementary or secondary school;
 A testing administrator at a college, university or private testing service;
 A Military Learning Center military officer of a rank higher than that of the above-named student;
 Other: _____

5. Fill in the proctor or testing center's name and organization (e.g., University, Community College):

Proctor/Testing Center Director's Name

Institution / Organization Name

6. I, the student named above, agree to the following: (1) to locate a proctor or testing center and set up an appointment for my course exam(s) according to published dates; (2) to arrange for fee payment for the proctoring service, if any; and (3) to submit this form to the proctor for completion and to provide him/her the instructions.

The information in **Section A** is correct to the best of my knowledge.

Student's Signature

Date

Section B. To be completed by the proctor or testing center director.

1. Proctor/Testing Center Director's Contact Information:

Proctor/Testing Center Director's Name

Phone Number

Institution / Organization

Street Address

City

State

Zip Code

E-Mail address

2. I certify the information in Section B is correct to the best of my knowledge.

Proctor/Testing Center Director's Signature

Date

Please Fax or electronically send this form to:

Course Instructor: _____ **Course ID#:** _____

Course Instructor's email address: _____