APPLICATION TO SERVE AS PROCTOR

Please type or print

Student Identification
(To be filled in by Student)

Name:
Student #:
Instructor:

PROCTOR INFORMATION

Name: _____ Title: _____

E-mail: _____

Postal address to which exams should be mailed:

_____

Company Name (if applicable)

_____

Street

_____

City **State** **Zip**

_____

Telephone number **Ext.** **FAX #**

Please describe briefly the location and environment for administration of exam:

_____

_____

- ❑ **I am not related to the student.**
- ❑ **I do not work with the student.**
- ❑ **I understand that there is no reimbursement for this service by MU Direct, University of Missouri.**

_____

Signature of Proctor **Date**

Return completed form to:
MU Direct
103 Whitten Hall
Columbia, MO 65211-6300
OR
Fax: 573-884-5371

The application for the above named individual has been reviewed. The application:
_____is approved/_____is not approved.

_____

Signature **Date**