



Proctor's Request Application

This form must be completed, signed by both the student and the proctor and promptly returned to the testing center for processing. If either the student or proctor has any questions, please contact our office at 1-912-279-5809.

Relationship to Student (check the requirement(s) you satisfy: Friends, relatives, employers or a student MAY NOT be a proctor.

- You are a staff member of any approved education provider or professional organization
- You are a librarian
- You are a minister
- You are an attorney
- You are a fair and impartial disinterested third party not related to the student-by blood or marriage.
- Other _____

If you do not meet one of these criteria, then you are not eligible to proctor this exam. Please notify the student.

Course Name: _____

Student Name: _____

Student Address: _____

City, State, Zip: _____

Examination Date: _____

I will serve as Proctor for _____ examination on _____ Date
Examinee's Name

Beginning at _____
Time

I will not serve as Proctor for _____
Examinee's Name

NOTE: If the date and time indicated are not acceptable, please fill in a date and time that are acceptable to you: _____

Please return this completed form to:

**College of Coastal Georgia Testing Center
 One College Drive
 Brunswick, Georgia 31520
 Phone: (912) 279-5809 Fax: (912) 279-4518**