



E-Learning Proctor Approval Form

**Student Information: To be completed by the student.****1. Student Contact Information**

Name _____ Daytime Phone No. _____
 Address _____ Evening Phone No. _____
 City _____ State _____ Zip _____ Email Address _____

2. Course Number(s) and Instructor(s)

3. Semester/Year (Check one and include year)

- Fall _____
 Spring _____
 Summer _____

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

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

5. Fill in proctor's name and organization:

Proctor _____
 Organization _____
 Relationship to Student _____

6. I, the student named above, agree to the following: (1) to locate a proctor or testing center and to set up an appointment for my course exams, according to published dates; (2) to arrange for fee payment for the proctoring services, if any; and (3) to submit this form to the proctor for completion. The information provided above is correct to the best of my knowledge.

Student Signature _____ Date _____

Proctor Information: To be completed by the proctor.**1. Proctor Contact Information**

Proctor Name _____ Phone No. _____
 Title _____
 Organization _____
 Street Address _____
 City _____ State _____ Zip _____
 Email Address _____ Fax No. _____

2. I certify that: (1) I will administer exam(s) under appropriate testing conditions with no textbooks or other materials in the testing room, unless specifically stated in exam instructions; (2) I will verify the identity of the student by requesting a picture ID; (3) I will keep the exam in a secure environment until administered and will not reveal, copy or otherwise reproduce; (4) I will time the exam; (5) I will not provide assistance to the student in answering exam questions; (6) I will return exams to the College in a manner agreed upon and **at no time will allow the exam to be returned by the student.**

Proctor Signature _____ Date _____

Return form by mail or fax to:

**E-Learning
 Gulf Coast Community College
 5230 West U.S. Hwy. 98
 Panama City, FL 32401-1058
 Fax No.: (850) 873-3592**

For questions call:

(850) 769-1551/Toll Free (800) 311-3685, ext. 5807