



Student's Proctor Request Form

Student's ID: MSU NetID or Institution ID
Student's Name: Last Name, First Name, M.I.
Student's Address: Address, City, State, Zip Code
Student's Email: Email
Student's Phone: Home Phone, Cell Phone
Institution: School, Community College, University, etc...
Course: Course Name, Course #
Instructor: Instructor's Name, Instructor's Office Phone, Instructor's Email

Once this form has an approved TLC proctor, to whom should it be sent? Instructor or Testing Center?

Student's preferred proctor dates and times:

Test 1 MM/DD/YYYY HH:MM
Test 2 MM/DD/YYYY HH:MM
Test 3 MM/DD/YYYY HH:MM

Note: if additional dates are needed for additional tests, please print another form.

TO BE COMPLETED BY THE LEARNING CENTER (TLC)
Proctor: Proctor's Name, Proctor's Title, Proctor's Employer, Proctor's Office Phone, Proctor's Office Email
Are the Proctor and Student related? No Yes, how?

TLC Director: Dr. Clay Armstrong (662) 325-2957 tlc@colled.msstate.edu

Note: Please include both the Director and Proctor in any email communications.

X Student's Signature MM/DD/YYYY
X Proctor's Signature MM/DD/YYYY
X Director's Signature MM/DD/YYYY



THE
LEARNING
CENTER

MISSISSIPPI STATE
UNIVERSITY™

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I understand that I must give The Learning Center a 24 hour notice if I will not be able to attend my proctored exam. Failure to provide a 24 hour notice, or to attend a proctored exam, will exclude me from all proctored exams at The Learning Center for 7 days.

Test # ___ is scheduled for _____ at _____ in Allen Hall 267.

Test # ___ is scheduled for _____ at _____ in Allen Hall 267.

Test # ___ is scheduled for _____ at _____ in Allen Hall 267.

Test # ___ is scheduled for _____ at _____ in Allen Hall 267.

Student's signature _____ Date _____

Director's signature _____ Date _____