

Online Proctored Exam Request Form

Please type or print carefully.

Email, print or fax this form to your instructor two weeks prior to the exam date, or other date established by your instructor.

Contacting the institution and proctor for the exam, as well as any costs associated with the proctored exam site or proctor, are the student's responsibility. Appointment dates and times for examination are at the convenience of the proctor.

Today's date _____ Date of exam _____

Student Information

Student's name _____

Course _____
(Course number and title)

Student's address _____

City _____ State _____ Zip Code _____

Country _____

Student's email address _____
(please type or print in carefully)

Proctored Exam Site

(Note: Other sites may be proposed to the instructor if none of those listed below are available. Contact the instructor to discuss alternatives before submitting this form.)

____ Illinois Virtual Campus facilities at Illinois Community Colleges

____ University of Illinois at Urbana-Champaign

____ University of Illinois at Chicago

____ University of Illinois at Springfield

____ Accredited institution of higher learning (i.e., college, community college, or university)

(Name of above institution) _____

____ Office of the regional superintendent of schools

____ Office of the superintendent of public or parochial school districts

____ Academic or public library Academic or public library

____ Educational Offices of the United States Armed Services

____ Other _____

Exam Proctor

(Note: Other proctors may be proposed to the instructor if none of those listed below are available. Contact the instructor to discuss alternatives before submitting this form.)

- ___ Exam center personnel of accredited institutions of higher learning
- ___ Regional superintendent office personnel
- ___ Superintendent of public or parochial school districts personnel
- ___ Head librarian at major public libraries
- ___ Dean, academic department head, extension or correspondence administrator, registrar, or official testing administrator of an accredited college or university
- ___ Other proctor approved by your instructor _____

Proctor Contact Information

Proctor's name _____

Proctor's official title _____

Proctor's institution _____

Proctor's street address _____

City _____ State _____ Zip _____

Country _____

Proctor's email address _____

Proctor's phone number (including area code) _____