



WALLACE COMMUNITY COLLEGE SELMA PROCTOR REQUEST FORM

Student Information:

Name: _____ Student Id Number: _____	
Address: _____ Date: _____	
Phone Number: _____ Email Address: _____ Semester: _____	

Course Information:

Enter your course information, for example: Course: BIO 103 Section: 1002 Instructor: Doe			Select the session of your course(s)			Select the exam(s) you are requesting to be proctored	
Course	Section	Instructor	1 st Mini	2 nd Mini	Full	Mid Term	Final

Proctor Information:

Note: An examination proctor must be employed by a College or University. Proctor cannot be a relative, spouse, friend or someone that resides in the same household as the student.

Submit the information below for the person that has agreed to proctor your test two weeks prior to exam date:

Name: _____ Title: _____	
Institution: _____	
Address: _____	
Phone Number: _____ Email Address: _____	

EXAM:

List the date and time you have scheduled with your proctor to take your exam(s). Exam date must be during the designated WCCS exam test week.

DATE: _____ TIME: _____

Email completed form to Monique.Ford@wccs.edu or submit by fax to 334-876-9311