OLD DOMINION UNIVERSITY

PART I: TO BE COMPLETED BY THE STUDENT

PROCTOR REQUEST FORM

Student Name:		UIN (University Identification Number):
Address:		Course: (i.e. ENMA 600 or EET 350)
		Instructor's Name:
Student Work Phone:	Student Home Phone:	Student Email:
Reason for Proctor and Exam Si	nipment Request:	
NAVY COLLEGE student taking course by Portable Media: Email to Dr. William Gideon [wgideon@odu.edu] or Fax to 757-683-3106		
MEM student taking course by Portable Media: Email to Dr. William Gideon [wgideon@odu.edu] or Fax to 757-683-3106		
☆ Primary Navy College/MEM Fax: (757) 683-3106		
MEM and Navy College students/proctors may also complete, scan and send this form as an email attachment to wgideon@odu.edu		
Authorized proctors may include command designated ESOs/Coordinators, faculty members, academic, corporate, or military education & training staff, as well as officers, senior non-commissioned officers, or civilian supervisors/administrators who are qualified to proctor tests and examinations. Proctors can not be related to the student, nor can they be current or future ODU students in the programs they proctor for. PART II: TO BE VERIFIED BY THE PROCTOR		
Proctor Name:	IE FROCTOR	
(Required)		
(Required)		
Place of Employment: (Required)		
Complete Office Address (Required) Print CLEARLY. This is where exams may be sent		
Office Phone: (Required)		ffice Fax: ptional)
Email Address: (Required)	'	•
I agree to serve as the proctor for the student identified above. I understand that I am responsible for safeguarding the security of this student's tests. As a test proctor I will receive, administer and return all tests according to the directions provided me. I will certify that the student finishes these tests in accordance with the directions provided.		
Proctor Signature: Notes/Comments:		Date: