



El Centro College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

PROCTOR NOMINATION FORM

Please complete one form for each course you are taking that requires proctored testing.

This form should be completed, **the signature of the proctor notarized**, and sent to the following address no later than 10 days after the beginning of the course:

El Centro College
801 Main Street
Dallas, TX 75202
Attn: To Your Instructor

If completing by hand, please print clearly.

The student must present a photo-ID, preferably an El Centro College Student ID card prior to examinations.

Student Name:		
Day Phone #:		
Evening Phone #:		
Address:		
City, State, Zip:		
Email:		
Student ID#:		
Course number:	Section	Title
Instructor Name:		

Special Testing Equipment or Conditions Required:

Condition Required:	
I will/will not be able to supply.	
Equipment Required:	
I will/will not be able to supply.	

Number of Proctored Tests in Course :

To be completed by Proctor Nominee:

Name:	
Title:	
Place of Employment:	
Office Address (& Zip):	
Office Phone:	
Fax #:	
E-mail Address:	

The student must present a photo-ID, preferably the El Centro College Student ID Card prior to examinations.

I am able to receive and return testing materials by: (check all that apply)

- EMAIL:** THROUGH AN INSTITUTIONAL SERVER

- REGULAR MAIL/UPS:** USING OFFICIAL LETTERHEAD

- FAX:** USING OFFICIAL LETTERHEAD

MUST BE NOTARIZED

I will agree to serve as the proctor for the student identified above. As test proctor, I will receive, administer and return all tests according to the directions provided to me. I will certify that the student completed the test according to the directions provided. The tests I agree to proctor are:

- ALL COURSE TESTS

- FIRST COURSE TEST ONLY

- OTHER (PLEASE SPECIFY) _____

_____ (INITIAL) I AM NOT RELATED TO THIS PERSON.

DATE _____

SIGNATURE _____

NOTARY SIG/SEAL _____