WALLACE COMMUNITY COLLEGE SELMA
PROCTOR REQUEST FORM

Student Information:

Name: _______________________________ Student Id Number: _______________________________
Address: _______________________________ Date: _______________________________
Phone Number: __________ Email Address: _______________________________ Semester: __________

Course Information:

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<tr>
<th>Course</th>
<th>Section</th>
<th>Instructor</th>
<th>1st Mini</th>
<th>2nd Mini</th>
<th>Full</th>
<th>Mid Term</th>
<th>Final</th>
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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