



BSC Testing Center – Proctoring Request Form

Student Information

Student: _____ Student ID: _____

BSC Email: _____ Phone: _____

Course Subject and Number: _____

CRN: _____ Instructor: _____

Course Exam and Number: _____

Event Date and Time: _____

Proctor Information

Name: _____

Email: _____ Phone: _____

Address: _____

Qualifications: _____

School Approval

Instructor Approved: _____ Date: _____

Signature: _____

Dean Approved: _____ Date: _____

Signature: _____