

Request for Outside Proctor

Student's Information

Name: _____

Phone: () _____

Instructor Information

Name: _____

Course: _____

Phone: () _____ Ext. _____

Fax: () _____

E-mail _____

Proctor Information It is the student's responsibility to contact the proctor to make arrangements for testing.

Proctor :

Name

Position Department

() _____

Phone Ext.

() _____

Fax

E-mail

Institution:

Institution Name

Street Address

City

State

Zip

Please fax or e-mail the completed form to (336)819-2005 or testingcenter@gtcc.edu