

The South Brunswick Public Library
Proctor Application Form

Student Information:

Name: _____ Date: _____

Contact Number: _____ Email: _____

Type of Exam (please circle) 1. Online 2. Paper Copy

Course(s) for which proctor will administer exam (s):

School sending exam(s) _____

Professor's name _____

School contact info _____

Dates you would like to take exam(s) _____

Time of day you would like to take exam(s) _____

Length of time for exam(s) _____

Date exam(s) must be returned to school _____

Student signature

To be completed by staff member:

Date schedule for exam _____ Time _____

Staff name _____