

Proctor Approval Form

Student Information

Name _____ Date _____

E-mail & phone _____

Course(s) for which proctor will administer tests: _____

Proctor Information – All exams will be sent to the proctor's institutional email address. Before submitting the proctorship form, please verify that the proctor will be available to receive your exams at the institutional address.

Name _____

Official Title/Position _____

Institution where Title/Position is held _____

Institution Address _____

Institution Phone Number _____

Alternate/Personal Contact Number _____

Fax Number _____

E-mail Address(s) _____

Address that is checked regularly and can send/receive attachments up to 1 Mb in size

Relationship to Student _____

I agree to act as a proctor for the above named student and will follow the guidelines of the JHU Math Department.

Signature _____

Date _____

Email completed form to course@math.jhu.edu or fax to 410-516-5549