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