



PROCTOR APPROVAL FORM

Please mail, fax, or email this request to LCC Distance Learning.
For information regarding proctored testing, please see www.lanecc.edu/distance/testing.htm

Please type or print CLEARLY.

The STUDENT is responsible for requesting each exam from the instructor at least ONE WEEK in advance of the exam date.	
Student's Name:	
L#:	
Address, City, St., Zip:	
Phone:	
Email address:	
Course(s):	
Course Number(s):	College Term:

To be completed by the proposed proctor:

Proctor's Name:	Date:
Institution Name:	
Address, City, St., Zip:	
Phone:	Fax:
Email address:	
Does your facility have a computer with Internet access in a secure area where a student could take an exam online? Yes _____ No _____	
Does your facility have testing guidelines or regulations we should know about (i.e., faxing, postage, etc.)?	