



Dallas TeleCollege

DALLAS COUNTY COMMUNITY COLLEGES

Please complete one form for each course you are taking that requires proctored testing.

This form should be completed, **the signature of the proctor notarized**, and sent to the following address no later than 10 days after the beginning of the course:

Dallas TeleCollege / LCET
9596 Walnut Street
Dallas, Texas 75243-2112

If completing by hand, please print clearly.

Student Name:		
Day Phone#:		
Eve. Phone#:		
Address:		
City, State, Zip:		
E-mail:		
Student ID#:		
Course number	Section	Title
Instructor Name:		

Special Testing Equipment or Conditions Required:

Condition Required:	
I will/will not be able to supply.	
Equipment Require:	
I will/will not be able to supply.	

Number of Proctored Tests in Course: _____

To be completed by Proctor Nominee:

Name:	
Title:	
Place of Employment:	
Office Address (& Zip):	
Office Phone:	
Fax #:	
E-mail Address:	

I am able to receive and return testing materials by: (check all that apply)

- e-mail: **through an institutional server**
- regular mail/UPS: **using official letterhead**
- fax: **using official letterhead**

I will agree to serve as the proctor for the student identified above. As test proctor, I will receive, administer and return all tests according to the directions provided to me. I will certify that the student completed the test according to the directions provided. The tests I agree to proctor are:

MUST BE NOTARIZED

- all course tests
- first course test only
- other (please specify)

_____ I am not related to this person.

Date _____

Signature _____

Notary SIG/Seal _____