



LeCroy Student Services | Dallas County Community College District

Proctor Nomination Form

Please complete one form for each online 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:

LeCroy Student Services
9596 Walnut Street
Dallas, TX 75243-2112

Student Information

Student Name	_____
Phone Number	_____
Address	_____
City	_____
State	_____
Zip Code	_____
Email	_____
Student ID	_____
Course Number	_____
Section	_____
Course Title	_____
Instructor Name	_____

Special Testing Equipment or Conditions Required

Condition Required	_____		
	_____	Able to supply?	YES NO
Equipment required	_____		
	_____	Able to supply?	YES NO
Number of Proctored Tests in Course	_____		

To Be Completed by Proctor Nominee

Proctor Nominee Name	_____
Job Title	_____
Place of Employment	_____
Office Address	_____
City	_____ State _____ Zip Code _____
Office Phone	_____
Fax Number	_____
Email	_____

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

- Email (through an instructional server)
- Regular Mail / UPS (using official letterhead)
- Fax (using office letterhead)

TO BE NOTARIZED

I will agree to serve as proctor for the student identified. As a test proctor, I will receive, administer and return all test 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:

- All course tests
- First course test only
- Other (please specify) _____

I CERTIFY I AM NOT RELATED TO THE IDENTIFIED STUDENT

Initial _____

Proctor Nominee Signature _____ Date _____

Notary Signature / Seal _____