



MISSISSIPPI STATE UNIVERSITY™

CENTER FOR CONTINUING EDUCATION

HIGH SCHOOL ONLINE-PROCTOR REQUEST FORM

Please Print

Proctor _____

Student _____

School/District _____

Title _____

School Address _____

Street _____

City _____

State _____

Zip Code _____

School telephone _____ Email _____

What is your relationship to the student? _____

Where will you administer the test? _____

Can you monitor the student throughout the examination? _____

List prior proctoring experience (test and dates): _____

Proctor Signature _____ **Date** _____

I, the undersigned, attest that all proctor information contained on this form is correct and conforms to the guidelines for suitable proctors. I have read the guidelines and agree to abide by all rules and regulations set forth by CCE. I understand that any deliberate misstatement of fact may result in student's dismissal from Mississippi State University High School Online with a grade of "F" being assigned for any and all courses—past and present—in which examinations were taken under such misstatement.

Approved: _____ Date _____

Program Coordinator, MSU Center for Continuing Education ams257@msstate.edu

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