

# Exam Proctoring Request

NAME: \_\_\_\_\_

This what information I will need for each class you in which you want exams proctored. Please fill out and return: email to [Cutler@albion.edu](mailto:Cutler@albion.edu) or print out and bring to Ferguson 103.

1. Class: \_\_\_\_\_

2. Class day & time: \_\_\_\_\_

3. Professor: \_\_\_\_\_

4. Exam dates: \_\_\_\_\_

1. Class: \_\_\_\_\_

2. Class day & time: \_\_\_\_\_

3. Professor: \_\_\_\_\_

4. Exam dates: \_\_\_\_\_

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