PART I: TO BE COMPLETED BY	THE STUDENT		
Student Name:		UIN (University Identification Number):	
Address:		Course: (i.e. ENMA 600 or EET 350)	
		Instructor's	Name:
Student Work Phone:	Student Home Phone:	Student Em	ail:
Reason for Proctor and Exam Shipment Request:			
NAVY COLLEGE student taking course by CD ROM (Fax to 757-683-3106/ Dr. William Gideon; Military Distance Learning)			
MEM Ashore student taking course by CD ROM (Fax to 757-683-3106/ Dr. William Gideon; Military Distance Learning)			
Trimary Navy College/MEM Fax: (757) 683-3106 Alternate Fax: (757) 683-5492			
MEM Ashore and Navy College students/proctors may also complete, scan and send this form as an email attachment to wgideon@odu.edu			
In a line of the first of the state of the s			
Authorized proctors may include faculty members academic composate or military education & training staff as well as officers			
Authorized proctors may include faculty members, academic, corporate, or military education & training staff, as well as officers, senior non-commissioned officers, or civilian supervisors/administrators who are qualified to proctor tests and examinations.			
Proctors can not be related to the student, nor can they be current or future ODU students in the programs they proctor for.			
DART II. TO BE VERIFIED BY THE BROOTOR			
PART II: TO BE VERIFIED BY TH	1E PROCTOR		
Proctor Name: (Required)			
Title:			
(Required)			
Place of Employment:			
(Required)			
Complete Office			
Address:			
(Required)			
Print CLEARLY. This is where exams will be sent.			
Office Phone:	10	Office Fax:	
(Required)		Optional)	
Email Address:			
(Required)			
			oonsible for safeguarding the security of
this student's tests. As a test proctor I will receive, administer and return all tests according to the directions provided me. I will			
certify that the student finishes these tests in accordance with the directions provided.			
Proctor Signature: Date:			
Notes/Comments:			