

Proctoring Services @ NDSU

Today's Date: _____

Date Test needs to be completed by: _____

Name: _____

Address: _____

Daytime phone number: _____

Where is the exam coming from? _____

Exam/Class name: _____

Duration: _____ paper/pencil or computerized

MISC info: _____

For Office Use:
Date scheduled to test: _____
Time start: _____
Time end: _____
Total testing time: _____
Amount paid: _____