

HIBBING COMMUNITY COLLEGE

Off-Campus Proctor Authorization Form

(To be completed by Proctor)

Proctor Name: _____

Institution or Organization: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Proctor Criteria:

1. Proctor must have a business address and business e-mail address.
2. If a proposed proctor is from the student's place of employment, that person must be the student's supervisor.
3. Family members, friends, and co-workers cannot serve as proctors.
4. Student must provide proctor information using the HCC Proctor Authorization Form.

I certify that I am an employee of the above institution or organization AND that I have no conflict of interest with regard to the proctoring of examinations for the student listed below. I have read and understand the directions for a proctor.

Proctor Signature: _____ Date: _____

Fax this completed form to: 218-262-7220

Hibbing Community College
1515 East 25th Street
Hibbing, MN 55746

Instructor Name: _____

Instructor Phone Number: _____

Instructor E-Mail: _____

Course Name & Number: _____

Student Name: _____

Student Phone Number: _____

Student E-Mail: _____