

**REQUEST FOR TEST ADMINISTRATION AT OFF-CAMPUS LOCATION  
FOR STUDENT ENROLLED IN DISTANCE EDUCATION COURSE AT  
THE UNIVERSITY OF MEMPHIS**

COURSE TITLE AND NO.: \_\_\_\_\_

PERSON NOMINATED TO PROCTOR TEST: \_\_\_\_\_

OCCUPATION/POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TEST TO BE PROCTORED (mid-term, final, etc.): \_\_\_\_\_

DATE AND TIME TEST WILL BE TAKEN: \_\_\_\_\_

PLACE WHERE TEST WILL BE TAKEN: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

RETURN TO YOUR INSTRUCTOR FOR APPROVAL: \_\_\_\_\_

\_\_\_\_\_

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INSTRUCTIONS TO PROCTOR: Return the completed test to \_\_\_\_\_

\_\_\_\_\_

no later than \_\_\_\_\_. Please contact the instructor, \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_ or the Shelia Owens in the Distance Education

Office at 901-678-2236 if you have any questions. Thank you.