



Please fill out a separate form for each exam you would like to schedule.

Today's Date

Student Information

Name:

First:

Middle:

Last:

Student E-mail:

SID (if known):

School Name:

Have you ever had an exam proctored by North Seattle College before?

Yes

If you answered "Yes", skip to the **Exam Information** section.

No

Birth Date:

Phone Number:

Street

City

State

Zip code

Exam Information

Preferred Date:

Preferred Time:

Alternate Date:

Alternate Date:

Instructor:

Instructor E-mail:

Course:

Exam Name:

Method of delivery (if known):

Online

Paper

Additional notes: