

**Columbus Technical College Library**  
**Request for Proctoring Form**  
library@columbustech.edu

**To Be Filled Out by Student**

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_  
e-mail address: \_\_\_\_\_ Telephone # \_\_\_\_\_

**Course Information**

Course# and Title: \_\_\_\_\_ Instructor Name: \_\_\_\_\_

**Date and Time Requested**

*(Choose a time from 8:00 am to 3:00 pm or 5:00 pm to 8:00 pm. EST Monday – Thursday during the semester)*

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature.*

**Instructions to Students:**

1. Complete and save the form.
2. E-mail to your Instructor.
3. Once the arrangements have been made, you will receive a confirmation e-mail of the proctoring date and time in the library.
4. If you have not received a confirmation within 7 days, please e-mail *library@columbustech.edu*.

**To Be Filled Out by Instructor**

1. Finalize the date and time with the student that they may be proctored in the library.
2. Sign and date below. Save the form.
3. Email the form to *library@columbustech.edu* with both Student and Instructor signatures.
4. Both Instructor and Student will receive a confirmation e-mail of the proctoring date and time from the library.

I agree to the time and date listed above for the student to be proctored in the library.

I agree to e-mail the instructions to *library@columbustech.edu* for this exam **or** deliver them to the front desk of the library at least 24 hours before the exam begins.

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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