



## Proctor Application Form

Columbia College, Registrar's Office  
 802 Manning Road N.E., Calgary, AB T2E7N8  
 Toll Free in Canada / US: 1-888-235-9370  
 Other: 1-403-235-9300, Fax: 1-403-272-3805  
 www.columbia.ab.ca

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Student ID Number

For Office Use Only:

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Reference Number

Student: Please take this to your proctor and have that person return it by email or fax to:  
 Learning Services Administrator: [soniaj@columbia.ab.ca](mailto:soniaj@columbia.ab.ca) as soon as possible.

| About the Student  |       |                  |                        |                  |                  |
|--|-------|------------------|------------------------|------------------|------------------|
| Student Name:  | Last  | First            | Middle                 | Phone (Day):     |                  |
| Former Name:   | Last  | First            | Middle                 | Phone (Evening): |                  |
| Mailing Address:   |       |                  |                        | City/Town:       |                  |
| Province/State:  |       | Postal/Zip Code: |                        | E-mail:          |                  |
| About the Proctor  |       |                  |                        |                  |                  |
| Proctor Name:  | Print | Last             | First                  | Middle           | Phone (Day):     |
| Name of educational organization & Position of Assessor  |       |                  |                        |                  | Phone (Evening): |
| Mailing Address:   |       |                  |                        |                  | City/Town:       |
| Province/State:  |       | Postal/Zip Code: |                        | Email:           |                  |
| Are you interested in providing ongoing proctor services? <input type="checkbox"/> Yes <input type="checkbox"/> No   |       |                  |                        |                  |                  |
| Days of Availability:  |       |                  | Hours of Availability: |                  |                  |
| My signature below affirms that I will proctor Columbia College tests and examination in accordance with the guidelines supplied to me by Columbia College.  |       |                  |                        |                  |                  |
| The personal information on this form has been collected for the sole purpose of processing your request. The information is collected in accordance with the Columbia College privacy policy, as well as Alberta Personal Privacy legislation. If you have any questions about the collection or use of this information please contact the Corporate Privacy Officer. This form must be signed before we can process your request. |       |                  |                        |                  |                  |
| Signature of Proctor:  |       |                  |                        | Signature date:  |                  |
| For Registrar's Office Use Only  |       |                  |                        |                  |                  |
| Received By:   |       |                  | Date Received:         |                  |                  |
| Processed By:  |       |                  | Processed Date:        |                  |                  |
| Note:  |       |                  |                        |                  |                  |

