



# DEPAUL UNIVERSITY

## SUBURBAN CAMPUSES

### EXTERNAL COURSE PROCTORING REQUEST FORM

<b>Date requested:</b>	<b>Student's name:</b>
<b>Please indicate status:</b>	
<input type="checkbox"/> I am a current DePaul student taking an online course at another institution (DePaul ID number: _____ )	
<input type="checkbox"/> I am not a DePaul student (Fee by check only, \$50, payable to DePaul University-Suburban Campuses) If the non-DePaul student is a DePaul alumnus/a with a DePaul alumni card, the fee will be waived.	
<b>Student's daytime phone:</b>	<b>Student's e-mail (if checked regularly):</b>
<b>Student's home address:</b>	

<b>Institution sending exam:</b>	
<b>Contact person's name and title:</b>	<b>Contact person's address:</b>
<b>Contact person's e-mail address:</b>	<b>Contact person's daytime phone number:</b>
<b>Faculty's name:</b>	<b>Faculty's Department/College:</b>
<b>Faculty contact: e-mail address:</b>	<b>Faculty's daytime phone number:</b>
<b>Do you have a deadline for completing your exam? If yes, please specify:</b>	
<b>Please contact preferred campus for available exam administration times and dates:</b>	
<input type="checkbox"/> Naperville: 150 W. Warrenville Rd, Naperville, IL p: 630/548-9378 f: 630/548-1963 e: napervilleproctor@depaul.edu	
<input type="checkbox"/> O'Hare: 3166 S. River Rd, DesPlaines, IL p: 847/296-5348 f: 847/296-4381 e: ohareproctor@depaul.edu	
<input type="checkbox"/> Oak Forest: 16333 S. Kilbourn Ave, Oak Forest, IL p: 708/633-9091 f: 708/633-9095 e: oakforestproctor@depaul.edu	
<input type="checkbox"/> Rolling Meadows: Corporate Center - E Tower, 2550 West Golf Rd, Rolling Meadows, IL p: 847/437-9522 f: 847/437-6220 e: rollingmeadowsproctor@depaul.edu	

*I acknowledge and verify by my signature below that the information provided is accurate and complete.*

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Signature and Title of person submitting the request

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Print name of person submitting the request

**PLEASE FAX COMPLETED FORM TO PREFERRED CAMPUS**

**DO NOT SEND EXAM MATERIALS WITH THIS FORM.**

**Please note that after review of this form the contact person named above will be notified with an approval or denial of the request.**

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**For Office Use Only:** Request reviewed by \_\_\_\_\_

Additional Information Requested Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Request Approved Yes \_\_\_\_ No \_\_\_\_ Date Completed \_\_\_\_\_

Signature and Date of Approval/Denial \_\_\_\_\_