

Proctor Information Form

Date: _____

Student Information

Student Number: _____

Student Name: _____

Proctor Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone (_____) _____ -- _____

Email Address (only if checked regularly) _____

I consent to serving as a proctor for the above named student and to assure that the examinations are completed closed book and in accordance with the regulations of the Seminary.

Signature of Proctor

Date

*Mail to: Biblical Life College & Seminary
 ATTN: Proctor Form
 PO Box 160
 Seymour, MO 65746-0160*

Or Fax to: 888-958-3564

This form may also be sent in with the "Understanding the Loan Program" Form"