

Biblical Life College & Seminary

Student Services

P. O. Box 588

Marshfield, MO 65706-0588

Phone: 417-859-0881 • Fax: 417-468-2037

Proctor Information Form

Date: _____

Student Information

Student Number: _____

Student Name: _____

Proctor Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone (_____) _____ -- _____

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 588
Marshfield, MO 65706-0588

Or Fax to: *(417) 468-2037*