

# THE UNIVERSITY OF MISSISSIPPI

## DEPARTMENT OF ONLINE LEARNING

P.O. Box 1848; University, MS 38677  
Telephone: 662-915-1267; E-mail: [UMTesting@olemiss.edu](mailto:UMTesting@olemiss.edu)

### REQUEST for PROCTORING FOR OTHER ENTITIES

Please complete & submit this form if you would like to schedule an exam at our testing center.

\_\_\_\_\_  
Name (please print)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City / State / Zip

(\_\_\_\_)\_\_\_\_\_  
Daytime telephone

\_\_\_\_\_  
College or University

\_\_\_\_\_  
Professor or contact person

\_\_\_\_\_  
Phone or email

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Course Title

**Are you a University of Mississippi student, faculty, staff member, or dues-paying alumni? YES or NO**

**If you answered NO, you will be charged a \$25 testing fee at the time of the time of the test payable by cash or check.**

REQUESTED TEST DATE: \_\_\_\_\_ REQUESTED TEST TIME: \_\_\_\_\_

TIME NEEDED TO COMPLETE TEST: \_\_\_\_\_

Mail to: Department of Online Learning, The University of Mississippi,  
P. O. Box 1848, University, MS 38677.

Email to: [UMTesting@olemiss.edu](mailto:UMTesting@olemiss.edu)

Fax to: 662-915-1221

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**FOR OFFICE USE ONLY**

Date application received \_\_\_\_\_ Approved Test Date: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Approved Test Time: \_\_\_\_\_

Payment Type: \_\_\_\_\_ Approved by: \_\_\_\_\_

Reconciled: \_\_\_\_\_ Added to Google calendar: \_\_\_\_\_