

The CAD Correspondence Institute

E-mail: registration@thecci.com

Fax:(403) 257-4289

Internet: www.thecci.com

Exam Proctor Form

After completing all applicable information, fax this form to (403) 257-4289

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|--|------------------|---------------------------|
| Course Code: | Course name: | |
| Student ID Number: | | |
| Your First and Last Name: | | |
| Your E-mail Address: | | |
| Proctor's Name (First and Last Name): | | |
| His/Her Profession Working Title: | | |
| Proctor's Mailing Address Line 1: | | |
| Mailing Address Line 2: | | City/Town: |
| State/Province: | Zip/Postal Code: | Country: |
| Proctor's Telephone No. (Home): () | | |
| Proctor's Telephone No. (Business): () | | |
| Proctor's Fax No.: () | | Proctor's E-mail address: |
| | | |
| Your proctor must be an engineer, architect or other professional; a lawyer or other court official; a minister or other church official in a church or religious community; a professional educator, teacher, instructor, lecturer or professor in accredited public school system, college, technical institute or university member; a member of a military, municipal, provincial or federal police force. | | |

Signature: _____ Date: _____