



UNIVERSITY OF PASADENA

PROCTORED EXAMINATION REQUEST FORM

STUDENT DETAILS

Student ID: _____ Student Name: _____

Phone Number: _____ Email ID: _____

PROGRAM DETAILS

Program Name: _____

Term: (Spring / Summer / Fall) : _____ Year: (YYYY): _____

FINAL EXAMINATION DETAILS

Exam Request 1			
Course Code		Course Name	
Exam Date (MM/DD/YYYY)		Exam Time Slot	

Exam Request 2			
Course Code		Course Name	
Exam Date (MM/DD/YYYY)		Exam Time Slot	

Exam Request 3			
Course Code		Course Name	
Exam Date (MM/DD/YYYY)		Exam Time Slot	

I attest that all information contained on this form is correct and conforms to the guidelines set forth by the University for Proctored Exams.

Student Signature: _____

Date: _____