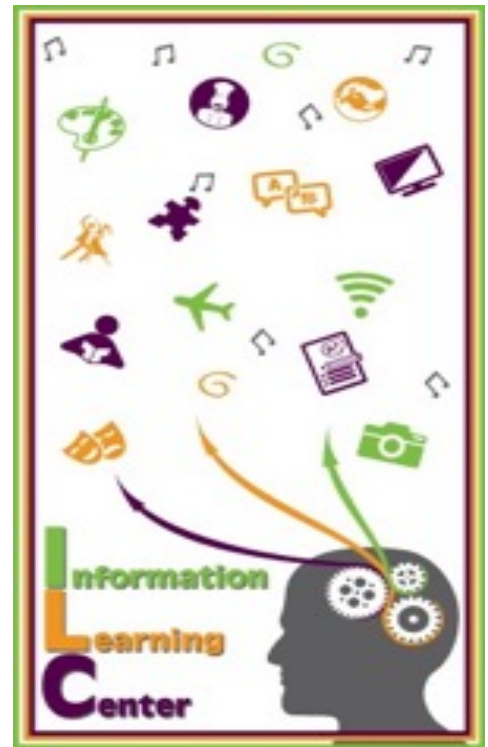


Student/Proctor Agreement

Student Agreement (please print legibly)

As a student, I agree to the following:

- ◆ I will be responsible for scheduling appointments for exams and making any arrangements for special accommodations with the proctor prior to the testing date.
- ◆ I will be responsible for providing a picture identification when taking tests.
- ◆ I will be responsible for proctoring fees if requested.
 - Active Duty & Hanscom AFB Civilian Employees: FREE
 - Contractor, Spouse/Dependent, Civilian: \$20



First Name: _____ M.I. _____ Last Name: _____

Rank/Base Affiliation: _____

Address _____

City, State _____ Zip Code _____

Daytime Tel# _____

Email _____

Test to be administered:

Institution testing for:

Address _____ City, State: _____

Zip Code _____

Contact Person for your Institution:

Contact Phone Number for your Institution:

Contact Email for your Institution:

Signature: _____ Date: _____
