

Lurleen B. Wallace Community College

Exam Request Form

(For Off-Campus Use Only)

Please complete this document and return to your **Instructor**.

NOTE: Only one exam can be requested per Exam Request Form

Exam Information

Exam must be returned within one(1) week of the receipt by the proctor

Student Name:	
Instructor Name:	
Course Name:	

Section Number:	Course Number:	Enter an X by the Exam Your Requesting
		Exam: <input type="checkbox"/> Mid Term <input type="checkbox"/> Final

Student Signature: _____

Date: _____

Proctor Information

Pre-Approved Proctors Name:	
Scheduled Exam Date:	
Method of Delivery (Enter an X)	<input type="checkbox"/> Electronic <input type="checkbox"/> Mail

Proctor Signature: _____

Date: _____

Mail To: Lurleen B. Wallace Community College Attn: Instructor Name	Fax To: Attn: Instructor Name
Andalusia Campus P. O. Box 1418 Andalusia Al. 36420	MacArthur Campus: 1708 North Main St. Opp, Al. 36467
Greenville Campus: 750 Greenville Bypass Greenville, Al. 36037	Andalusia (334) 881-2300 MacArthur (334) 493-7003 Greenville (334) 382 - 2215