



**William Howard Taft**  
— U n i v e r s i t y —

Exhibit “C”  
**REQUEST FOR EXAMINATION**

To: [Student\\_Support@taftu.edu](mailto:Student_Support@taftu.edu)

Please schedule my examination as indicated:

Name of Course

Proposed Date & Time of Exam

\_\_\_\_\_

*It is recommended you submit this form at least one month before the first examination date. However, the University must receive this request at least seven business days prior to the proposed examination date.*

- [ ] I wish to take the examination via webcam using ProctorU - <http://proctoru.com/taft/>. (You should finalize dates and times with ProctorU before submitting this form.)
- [ ] I wish to use a CCTC proctor. (You should finalize dates and times with the CCTC member before submitting this form.)
- [ ] I wish to utilize a proctor outside of the CCTC organization. The individual listed below has agreed to act as my proctor. I hereby certify that said proctor meets the requirements as set forth in the *Examinations* section of the *Student Handbook*, and said proctor is aware that he/she must execute a notarized certification that the examinations were given consistent with the written instructions provided by the University. (If you select this alternative you must include an appeal with this form.)

Name of CCTC Institution \_\_\_\_\_

Name of Proctor \_\_\_\_\_

Address of Proctor \_\_\_\_\_

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

Telephone#(\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student #