



Medical Laboratory Technology Program

Agreement to Proctor Exams

By my signature I agree to proctor examinations for persons taking MLT courses from Des Moines Area Community College. I will see that the students take the examinations honestly and according to directions.

If I cannot administer the examination within a few days of the date specified by the instructor (e.g. because I am on vacation or attending a conference), I will delegate those responsibilities to an appropriate designee. I understand that I will not be paid for this service, but I will proctor these examinations to help the individuals involved.

Proctor Information

Name: _____

Name of Company or Institution: _____

Position: _____

Business Address: _____

Business Telephone Number: _____

Fax Number: _____ Email: _____

Names of appointed designees:

Signature

Date

Please list the name(s) of student(s) for whom you've agreed to proctor exams:

Questions? Contact Karen Campbell at: 515-964-6296 (or 1-800-362-2127, ext. 6296); or kjcampbell@dmacc.edu