



Medical Laboratory Technology Program

Proctor Report

It is the student's responsibility to have this report completed and **faxed (to 515-965-7147)** or mailed to the course instructor.

The **student** should complete this portion of the Report.

Student: _____ Date: _____

Course Identification:

- | | |
|--|--|
| <input type="checkbox"/> MLT115, Clinical Lab Fundamentals | <input type="checkbox"/> MLT242, Clinical Chemistry |
| <input type="checkbox"/> MLT120, Urinalysis | <input type="checkbox"/> MLT251, Clinical Microbiology |
| <input type="checkbox"/> MLT232, Adv Hematology & Coag | <input type="checkbox"/> MLT282, Clinical Practicum |
| <input type="checkbox"/> MLT270, Immunology & Serology | <input type="checkbox"/> MLT290, Clinical Seminar & Review |
| <input type="checkbox"/> MLT261, Immunohematology | |

Exam #: _____

For MLT282, Area of Lab: _____
___ First Time or ___ Re-take

The **proctor or their designee** should complete this portion of the Report.

The student started the exam at _____ and completed the exam at _____.

My signature affirms that I proctored the student while they were taking the exam noted above.
My signature affirms that:

- I directly monitored the student during the time they were taking the exam
- The student had no books or notes or other study materials available while taking the exam
- The student had no conversations with anyone other than the proctor while taking the exam
- The student did not print any materials from the computer while taking the exam or while reviewing their results

The student is allowed to use blank paper and a pen or pencil, and non-programmable calculators. Calculators on cell phones are NOT permitted.

Comments:

Signature of Proctor or Designee

Date