

Middle Georgia State University - Testing Services

Proctored Exam Request Form

Date: _____

Student Name: _____

Student Email: _____

Exam: _____

Campus, Exam Date, and Time Requested: _____

Professor or Testing Agency

Name: _____

Phone: _____

Email: _____

Please note that there is a Proctored Exam fee of \$38.50 for each exam.

Return this form via email or in person:

testingservices@mga.edu

**Student Life Center, Room 229
100 University Parkway
Macon, GA 31206**

1. Upon receipt of the Proctored Exam Request Form, MGA Testing Services will reach out to the Professor or Testing Agency to confirm exam details.
2. Upon receipt of the exam details, Testing Services will reach out to the student via email to provide registration details.

Questions? Contact Testing Services at testingservices@mga.edu or 478-471-2050.

OFFICE USE ONLY		
Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exam Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Appt Date:
Campus: <input type="checkbox"/> Macon <input type="checkbox"/> WR <input type="checkbox"/> Dublin <input type="checkbox"/> Cochran <input type="checkbox"/> Eastman	<input type="checkbox"/> Online	Appt Time:
Exam Return:	Exam Details:	
_____	_____	
_____	_____	