



GEORGIA SCHOOL OF THEOLOGY



*Soundness. Scholarship. Service.*

### PROCTOR SIGNATURE FORM

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Proctor's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Exam Name: \_\_\_\_\_

Course Number & Name: \_\_\_\_\_

I certify that during the entire testing period, the student took the examination in my presence and under my supervision, and there was no cheating during this examination.

Signature of Proctor: \_\_\_\_\_

Please print, complete, sign by hand in ink (no typed signatures accepted), and return this Proctor Signature Page to the instructor or mail to the school at:

Scan and email to the instructor at \_\_\_\_\_  
*(student to write-in instructor email address)*

OR

Postage mail to: Georgia School of Theology  
1947 Watson Blvd  
Warner Robins, GA 31093

Proctor's Phone Number: \_\_\_\_\_

Proctor's Email Address: \_\_\_\_\_