



**Master of Science in Allied Health  
Proctored Essay  
Application for Proctor and Proctoring Facility**

**I. Applicant Information**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

I, \_\_\_\_\_, verify that all information on this application is truthful and accurate.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

The proctored essay, an admission requirement for the MS in Allied Health, should be written at a college testing center under the supervision of a testing specialist. There is no time limit for this essay and the applicant may bring at least three references to cite in the essay.

**II. Proctor Information**

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

Title \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

I, \_\_\_\_\_, agree to provide proctoring for the person submitting this application. I verify the information provided is truthful and accurate. I also agree to faithfully assure confidentiality and maintain security of all materials entrusted to my care.

Proctor's signature \_\_\_\_\_ Date \_\_\_\_\_

**III. Proctor's Direct Supervisor Information**

Name \_\_\_\_\_

Title \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**IV. Facility for Proctoring Tests**

Name of Facility \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Type of Facility \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_