



Proctor Approval Application

Complete and submit this Proctor Approval Application along with all supporting documents verifying the proctor 2 weeks prior to the exam date to MBS Registrar at registrar@mbslearning.com. If you are using the same proctor for all courses that require a proctored exam, write "All" in the course code section.

Trimester/Year:		Course Code:		Exam Date(s):	
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Section A. To be completed by the student		
Last Name	First Name	Middle Initial
Student ID Number	Email Address	
The proctoring service or individual that I am submitting for approval is (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> An official testing center and/or training director/officer <input type="checkbox"/> A librarian, school counselor, principal, or teacher <input type="checkbox"/> A HR manager or supervisor <input type="checkbox"/> A military education services officer or representative of an established religious order <input type="checkbox"/> Meta Business School representative (at MBS offices in Newport Beach, CA, only) <input type="checkbox"/> Other: _____ 		
Fill in the proctor or testing center organization name if applicable (e.g., Sylvan Learning Center): <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <i>Proctor/Testing Center Director Name</i> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <i>Organization Name</i>		
I, the student named above, agree to the following: (1) to locate a proctor or testing center and set up an appointment for my course exam(s), according to published dates; (2) to arrange for fee payment for the proctoring services, if any; (3) to submit this form to the proctor for completion and to provide him/her the instructions, and (4) to abide by MBS's Proctored Exam Policy as stated in the catalog and school website.		
The information in Section A is correct to the best of my knowledge.		
<i>Student Signature (sign above the line)</i>		<i>Date (mm/dd/yy) (date above the line)</i>

Section B. To be completed by the proctor or testing center director.		
Last Name	First Name	Middle Initial
Organization Name	Primary Phone Number	
Street Address, Suite #, Office building		
City	State/Province/Prefecture	



META BUSINESS SCHOOL

100 Bayview Circle, Suite 560, Newport Beach, CA 92660 Tel: (949) 872-2224 Fax: (949) 872-2229

Zip/Postal Code	Country
Email Address	
Please check one or more of the following proctor qualifications:	
<input type="checkbox"/> Meta Business School Representative <input type="checkbox"/> Official Testing Center <input type="checkbox"/> Human Resource Manager <input type="checkbox"/> Librarian <input type="checkbox"/> Military Education Services Officer <input type="checkbox"/> Representative of an established religious order	<input type="checkbox"/> School Counselor <input type="checkbox"/> School Principal/ Vice Principal <input type="checkbox"/> Supervisor <input type="checkbox"/> Teacher <input type="checkbox"/> Training Director/ Officer <input type="checkbox"/> Other _____
Please check YES or NO for the following statements:	
<input type="checkbox"/> YES <input type="checkbox"/> NO My contact information may be made available to other MBS students.	
<input type="checkbox"/> YES <input type="checkbox"/> NO Fees are assessed to students for services associated with proctored testing.	
I certify that: (1) I will administer and supervise the exam(s) personally for the entire testing period; (2) I permit Meta Business School (MBS) to verify my credentials and contact me for verification purposes as needed; and (3) to the best of my abilities, I will uphold the MBS Academic Honesty Conduct (outlined in the Proctor Guidelines and Responsibilities).	
The information in Section B is correct to the best of my knowledge.	
<i>Proctor Signature (sign above the line)</i>	<i>Date (mm/dd/yy) (date above the line)</i>

Please e-mail or fax this form to:
MBS Registrar
E-mail: registrar@mbslearning.com
Fax: (949) 872-2229