

TRINITY BEM COURSES PROCTORED SUMMATION COVER PAGE

Course Name: _____ Course Number: _____

Student Name: _____ Student Number: _____

(To be completed by the Proctor)

Proctor Name: _____

Proctor Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Proctor Occupation: _____

Proctor Phone Number: _____

Proctor Email: _____

Proctor Fax Number: (optional) _____

_____ did not use notes or books while completing
(student name)
the Proctored Summation.

Proctor signature

(Date)

Comments:

When all lessons have been submitted for this course, contact Support Services via email at supportservices@trinitysem.edu for the next course's materials. After successfully finishing your current registration you are required to re-register within sixty days of the date that you completed your course work to remain current. You may send re-registration requests via postal mail, email or fax to the Academic Office to request your next registration.