



PROCTORED EXAM REQUEST FORM

We require a minimum of 4 weeks to process your exam request. All information must be provided to process your request.

STUDENT INFORMATION

Student's Name _____

Credit Union _____

Address _____

City, State, Zip _____ Daytime Phone (____) _____

E-mail* _____ Fax Number (____) _____

EXAM DATE

TODAY'S DATE

**EXAM MUST BE
4 WEEKS FROM
TODAY'S DATE**

EXAM INFORMATION

Exam(s) Method: Ship Paper Exam _____ Take Exam Online** _____ Comp Code _____

**** If taking exam online, a PC with Internet Explorer 6.0 or higher is required at proctor's site (see System Requirements for more details).**

FiCep or RegTraC Paper Exam Requests Only

Do you have an answer sheet? Yes _____ No ** _____

****If No and you did not enter Comp Code above, you must order an answer sheet at an additional cost through CUNA member service, 800-356-8010, press 3.**

Exam Retake? Yes _____ (Your CU will be invoiced a retake fee.)

Curriculum: BSA _____ CEP _____ FiCep _____ RegTraC _____

Are you testing in a group? Yes _____ No _____ If yes, how many are in your group? _____

MAIL FORM TO:

CUNA/CPD
Coordinator,
Proctored Programs
P.O. Box 431
Madison, WI 53701-0431

OR FAX TO:
608-231-4253

OR E-MAIL TO:
cpdproctor@cuna.coop

Module/Text Number	Module/Text Name (List all Textbooks)	Edition/Author (CEP Only)

PROCTOR INFORMATION

Proctor's Name _____

Title _____

School/Business Name _____

Dept. _____ P.O. Box _____

Street Address _____

City, State, Zip _____

Proctor's Daytime Phone (____) _____ Proctor's E-Mail* _____

Your proctor **cannot** be someone from your credit union.

Please see "Testing Procedures" in Preface of modules/ books for more details.

*** Email address is a required field if testing online**