CCO EXAM REQUEST FORM
Supervision requested at a location other than the Friday Center

Examinations must be taken under appropriate supervision in an institutional setting—at an accredited college, university, community college, junior college, or technical institute. Students are responsible for making their own exam arrangements. The Friday Center will send your exam directly to the person who has agreed to supervise your exam.

Complete the exam application below and send it in time to arrive in the Carolina Courses Online office at least two weeks in advance of the date you plan to take your exam. You may fax your application to 919-962-5549 or mail it to the address at the bottom of this page.

Grades will be reported to the UNC-Chapel Hill Registrar’s office. Grades will not be released until financial accounts have been cleared. Select the institution most convenient to you. Contact the registrar or an official of the testing or guidance department to identify an appropriate supervisor. Your supervisor must sign the application below. If you are in the military, your education officer must supervise your exam. If you encounter difficulties in locating an acceptable exam center or supervisor, contact Carolina Courses Online for assistance. Some schools may charge a small fee for supervising an examination, and you will be responsible for paying this fee. Inquire about a fee when you make arrangements for taking your exam.

Request to take exam at a location other than the Friday Center (Please print all information.)

Name: __________________________________________________________________ Daytime phone (__) __________________________________________________________________

PID: __________________________________________________________________

Current address: __________________________________________________________________

E-mail address: __________________________________________________________________

Course number: __________ Course title: __________________________________________________________________

Date and time you wish to take the exam: __________________________________________________________________

Exam Supervisor’s name: __________________________________________________________________ Daytime phone (__) __________________________________________________________________

Title: __________________________________________________________________ E-mail address: __________________________________________________________________

Fax (__) __________________________________________________________________

Full name of institution: __________________________________________________________________

Street address: __________________________________________________________________

City: ______________________ State: ______________________ Zip: ______________________

In order to be valid, the examination must be supervised and signed by the person who agrees on this application to do so.

I hereby agree to supervise a three-hour examination for the person indicated above. I will verify the person’s identity by requiring a photo ID, and will maintain proper exam conditions while the exam is in progress.

Signature of exam supervisor: _____________________________________________________ Date: __________