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| **INCOSE Knowledge Exam Request**  ***All paper exam details must be finalized at least two weeks prior to the exam date.*** | | |
| **Hosting Chapter or Organization** |  | |
| **Point of Contact** | Name: | |
| Email: | |
| **Approved Proctor**  *Proctors for INCOSE Knowledge exams must be an ESEP who will not teach any test prep courses for two years after serving as a proctor. Professional and volunteer test preparation providers should not serve as proctors.* | Name: | |
| Email: | |
| **Approved back up proctor or assistant** | Name: | |
| Email: | |
| **Event Title if not Chapter** |  | |
| **Description (brief description of event and exam):** |  | |
| **Date(s):** |  | |
| **Start time:**  *Please include Time Zone* |  | |
| **Shipping Address for Exam Materials**  *(If located in the US, please send address for nearest FedEx)* | Address 1: |  |
| Address 2: |  |
| City: |  |
| State/Province: |  |
| Postal Code: |  |
| Country: |  |
| **Exam Location/Venue** | Address 1: |  |
| Address 2: |  |
| City: |  |
| State/Province: |  |
| Postal Code: |  |
| Country: |  |
| **Anticipated # of participants:** |  | |
| **Max.# participants (30 per room is the maximum allowed per proctor, per exam):** |  | |
| **Date to close registration:**  *Registration through INCOSE Central database is now required. Please do not use a third-party resource to host registration.* |  | |