



## Off-Site Placement Testing Proctor Request Form

**Exam Location:** The student and proctor must procure a site appropriate for testing.\* Exams are not to be administered in a home unless given special exception due to mobility limitations or special needs.

**Student Information:**

I have read and agree to follow the guidelines listed in this document. I agree to comply fully with examination instructions and proctoring guidelines.

Student's Name: Last Name First Name Middle Initial

SCCC Student ID Phone Number

Student Mailing Address

Student Email Address

Student Signature

Date

\*\*\*\*\*

**Proctor Information:**

**Test Site Information:**

Proctor's Name (Please print clearly)

Test Site Name

Place of Employment/Institution Name (if different From test site)

Mailing Address

Relationship to Student

Business email

Business Phone

Business Fax

Proctor's Signature

Date

\* System requirements must meet Accuplacer specifications for pop-up blockers, screen resolution and software versions.