



**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.