



Off-Site 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 Init.

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



## Proctor Security Agreement for Sussex County Community College

Proctor Qualifications:

- ♦ Is familiar with accepted practices for administering tests
- ♦ Has no vested interest in the student's scores
- ♦ Is not related to the student
- ♦ Is employed by an educational institution

I, \_\_\_\_\_, certify that I meet the proctor qualifications listed  
(name of designated test proctor)

above, and I agree to administer the \_\_\_\_\_ test to

\_\_\_\_\_, ID # \_\_\_\_\_,  
(name of student)

in a secure, proctored environment and to be present throughout the testing session.

I agree to verify the identification of the student named above by the use of a picture ID issued by a state or federal agency (i.e. driver's license, passport, military ID).

I agree to take all necessary precautions and actions to ensure the security and confidentiality of the test.

I agree NOT to reproduce or copy, in any fashion, in whole or part, any of the materials of the exam. I agree NOT to share, in any way, such materials with any unauthorized persons.

Agreed to and accepted by:

Designated Test Proctor \_\_\_\_\_  
(Please print name here)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Complete this form and send it to: Kathleen Carr  
SCCC Testing Center  
Off Site Testing Proctor Request  
1 College Hill Road  
Newton, NJ 07860  
(973) 300-2155  
kcarr@sussex.edu