



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 Last Name	First Name	Middle Init.
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SCCC Student ID	Phone Number
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Student Mailing Address

Student Email Address

Student Signature	Date
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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
Sussex Testing Center
Off Site Testing Proctor Request
One College Hill Road
Newton, NJ 07860
(973) 300-2155
kcarr@sussex.edu