The student will complete the following information.
Course: ___________________________________ Instructor: ______________________________________________

Proctored activity: □ Paper exam □ Online exam       Other: _____________________________ Date: ______________

Student Agreement
As a student, I agree to the following:
➢ I will be responsible for locating a proctor (exam supervisor) and scheduling appointments for exams, if necessary.
➢ I will be responsible for reimbursing the proctor for all mailing expenses and proctoring fees if requested.
➢ I will be responsible for providing picture identification when taking tests.

I will be responsible for making any arrangements for special accommodations with the proctor prior to the testing date. I understand that any special accommodations have to be documented with SSCC in the Office of Disability Services.

(Please print legibly)
Date: __________________________     Student SSCC ID: _______________________
Student Name: ____________________________________________________________________________________
Mailing Address: ___________________________________________________________________________________
City: ________________________________________ State: _________________ Zip Code: _____________________

Proctor Agreement
(Please print legibly)
Proctor’s Name: _____________________________________________________ Date: __________________________
Institution: ______________________________________ Job Title: __________________________________________
Street Address: _____________________________________________________________________________________
City: _________________________________________ State: __________________ Zip Code: ____________________
Work Number: _________________________________________ Fax #: ______________________________________
Work e-mail: _______________________________________________________________________________________

Please select from the following:
☐ A college or university testing center proctor
☐ Educator: a college or university faculty member
☐ A test administrator at a professional testing center
☐ A librarian
☐ Educator: a state certified teacher or counselor at an accredited educational institution
☐ Military: an Educational Services Officer (ESO)
☐ A college or university learning center coordinator

As a proctor, I confirm and agree to the following:
➢ I am not a current Shelton State Community College student, a friend or relative of the student, direct supervisor of the student, employed by the student, a co-worker of the student, nor do I live at the same address as the student.
➢ Use a picture ID to verify the identity of the student.
Administer and supervise the indicated tests/exams as prescribed by the instructor.

Upon completion, promptly return the exam/test to the Testing and Assessment Center at Shelton State Community College.

I certify that I am an employee of the above institution or organization AND that I have no conflict of interest with regard to the proctoring of examinations for the student listed above. I have read, understood, and agree to the provisions outlined in the Test Proctoring Procedures and the Student/Proctor Agreement.

Proctor’s Signature: ____________________________________________________ Date: _________________

Mail, fax or email the completed Student/Proctor Agreement to:

Shelton State Community College
Testing and Assessment Center
9500 Old Greensboro Road Box 188
Tuscaloosa, AL 35405
205.391.2468 (fax)
testing@sheltonstate.edu