Student/Proctor Agreement

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 submit the Student/Proctor Agreement form to the Testing and Assessment Center, at least two weeks prior to the exam date.
- 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: __________________
Student Phone Number: ___________________________ Student email address: ___________________________

Proctor Agreement
(Please print legibly)
Proctor’s Name: ___________________________ Date: ___________________________
Institution: ___________________________ Job Title: ___________________________
Street Address: ___________________________
City: ___________________________ State: _________________ Zip Code: __________________
Work Number: ___________________________ Fax #: ___________________________
Work e-mail: ___________________________
Proctor choose one of the selections below:

As a proctor, I verify that I am:

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

As a proctor, I confirm and agree to the following:

- I am employed full time at the institution listed above.
- I am not a current Shelton State Community College student, a friend or relative of the student, the 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.
- I will proctor the exam at the institution, library, or testing center at which I am employed.
- I will use a picture ID to verify the identity of the student.
- I will monitor the student the entire time of the test. I will never leave the student unattended.
- 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
205.391.2265 (fax)
testing@sheltonstate.edu