

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:

- | | |
|--|--|
| <input type="checkbox"/> A full time college or university testing center proctor | <input type="checkbox"/> A full time test administrator at a professional testing |
| <input type="checkbox"/> Educator: a full time state certified teacher or counselor at an accredited educational institution | <input type="checkbox"/> Military: an Educational Services Officer (ESO) center |
| <input type="checkbox"/> Educator: a full time college or university faculty member at an accredited educational institution | <input type="checkbox"/> A full time college or university learning center coordinator |
| | <input type="checkbox"/> 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.
- Administer and supervise the indicated tests/exams as prescribed by the instructor.
- 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
testing@sheltonstate.edu