

# Student/Proctor Agreement Form for Off-Site Exams

Please allow two business days for processing all proctor agreement forms



Send Completed Form to the Attention of:  
Jennifer Owens, Distance Education Department  
1105 Kelly Drive  
Sanford, NC 27330  
Phone: 919.718.7457 Fax: 919.718.7407

## Student Information

_____	_____	_____	_____
Last Name	MI	First Name	Student ID
_____	_____	_____	_____
Home Address	City	State	Zip Code
_____	_____	_____	_____
Phone Number	College E-mail Address		

## Course and Exam Information

List the course title, prefix and number for each course. Example: Expository Writing – ENG 111

_____	_____	_____	<input type="checkbox"/>	Midterm	<input type="checkbox"/>	Final
Title	Prefix	Number				
_____	_____	_____	<input type="checkbox"/>	Midterm	<input type="checkbox"/>	Final
Title	Prefix	Number				
_____	_____	_____	<input type="checkbox"/>	Midterm	<input type="checkbox"/>	Final
Title	Prefix	Number				

## Proctor Information

_____	_____	_____	_____	_____
Last Name	First Name	Email Address		
_____	_____	_____	_____	_____
School/Business Name	Title	Department	Phone Number	Fax Number
_____	_____	_____	_____	_____
School/Business Mailing Address	City	State	Zip Code	

The Distance Education Department will only send exams to your business address.  
Personal e-mail addresses will not be accepted. Email addresses must be a business e-mail for example .org or.edu.  
Exams must be administered and supervised by you in your place of business.

## Proctor Agreement

I am not related to the student named above. I agree to personally administer the test(s) to the above student, and I will adhere to the guidelines outlined by the coversheet's instructions. I will not leave him/her unsupervised during the exam administration. I further understand that this is a voluntary, non-paying position unless arrangements are made between the student and me. I will personally mail or fax the completed exam(s) to Central Carolina Community College's Distance Education Department immediately after the student has completed the exam(s).

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

## Student Agreement

I understand that my proctor is required to fax the exam(s) to CCCC. I will not duplicate, retain, or fax any part of the exam(s) materials in whole or in part, doing so could result in receiving a failing grade.

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