

# The Mississippi Virtual Community College

## Application for Off-Campus Test Proctor

**Form must be submitted 5 business days prior to the desired testing appointment, otherwise, a testing time will not be guaranteed.**

*This section should be completed by the test proctor. (Please submit form when both sections are complete according to information at the bottom of the page).*

Today's Date: \_\_\_\_\_ Date/Time of Testing: \_\_\_\_\_

Proctor's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_ FAX: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

I will be proctoring: (Please check where applicable) Midterm \_\_\_\_\_ Final \_\_\_\_\_

*I agree to serve as the proctor for examination of the referenced student. I acknowledge that I have no relationship with the student outside that listed above.*

Proctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Please attach a copy of your faculty/staff ID or statement of affiliation on organizational letterhead signed by an organization officer to this request. If more convenient and for clarity purposes, you may rather take a picture of your ID and attach it to an email to [vccproctor@msdelta.edu](mailto:vccproctor@msdelta.edu). Be sure to identify who you are proctoring in the email).**

*This section should be completed by the student. (Please submit form when both sections are complete according to information at the bottom of the page).*

Student's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Course(s) Title (i.e. ACC 1213-HO): \_\_\_\_\_

Reason for not coming to campus: \_\_\_\_\_

**(Student, please attach a copy of your valid photo ID).**

Return this form to:

Mississippi Delta Community College  
eLearning Office  
P.O. Box 668 ♦ Moorhead, MS 38761  
Phone: 662.246.6341 ♦ Fax: 662.246.6296

*For office use:*

Instructor's Name: \_\_\_\_\_

Subject: \_\_\_\_\_

Test No. \_\_\_\_\_

Approval: ( ) Granted ( ) Declined \_\_\_\_\_ Date: \_\_\_\_\_