

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. 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: 662.246.6319 ♦ Fax: 662.246.6296

For office use:

Instructor's Name: _____

Subject: _____

Test No. _____

Approval: () Granted () Declined _____ Date: _____