Proctor Candidate Request Form

To be completed by the student

Semester Dates ___________________________ Course Title & Course Number ___________________________

Instructor’s Name ________________________________________________________________

Student’s Name ___________________________ Student ID# ___________________________

Student’s Address ________________________________________________________________

Daytime Phone ___________________________ Email ___________________________

Student Signature ___________________________ Date ___________________________

To be completed by Proctor candidate

Name of Proctor Candidate __________________________________________________________

Candidate’s Position/Occupation (Be Specific) __________________________________________

The Proctor Candidate is a/an _____ Educator (College-level Instructor or Administrator)

Business Address ________________________________________________________________

Business Phone ________________ Cell Phone ________________ Fax ________________

Email Address ________________________________________________________________

- The above named student has requested that I proctor his/her examination(s) for the semester that is listed on this document.
- Camden County College will mail the examination materials directly to me in a sealed envelope, which only I will open. I will not accept the examination from the student.
- The student will complete each examination under my personal supervision in a professional environment within the time specified and will not use notes, tests, or other outside materials, unless otherwise specified in the proctor instructions, which are included in the examination materials. Any scrap paper that is allowed will be collected and destroyed by me.
- I will personally return the original questions with the completed examination for grading. Neither the question nor the student’s answers will be reproduced in any manner. The student is responsible for the payment of postage.

Proctor Signature ___________________________ Date ___________________________