Date: ___________

Student’s Full Name: ______________________________________

Student ID: ______________________________________

Address: ______________________________________

City, State, Zip Code: ______________________________________

Phone Number: ______________________________________

School E-mail: ______________________________________

Reason for not coming to Campus:

List Course (e.g. ART 1113 8A, BIO 1613 8B2, etc.) and Instructor’s Name for each course(s) enrolled in:

For Office Use Only:

Approval: ( ) Granted ( ) Declined ____________________________ Date: ___________

If declined, Reason: ______________________________________
Proctor’s Name: ____________________________________________

Title: _____________________________________________________

Institution/Affiliation: _______________________________________

Address: __________________________________________________

City, State, Zip, Code: ________________________________________

Phone Number: ______________________________________________

Fax Number: ________________________________________________

E-mail Address: ______________________________________________

Relationship to Student: _______________________________________

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 photo ID or statement of affiliation on organizational letterhead signed by an organization officer to this request)
MERIDIAN COMMUNITY COLLEGE  
910 Highway 19 N Meridian, MS 39307  
Holladay Center for E-Learning  
Mississippi Virtual Community College  
Application for Off-Campus Test Proctor

Proctor Confidentiality Agreement

As a test proctor, with access to the MSVCC passwords, it is important for you to maintain the confidentiality of any information to which you may have access in the course of your association as a proctor. This confidentiality extends to test, student, and faculty information.

Test information includes, but is not limited to:
- Content;
- Passwords;
- Length, format, or perceived difficulty of assessments.

Student information includes, but is not limited to, the following:
- Type of test being taken;
- Course or section in which the student is enrolled;
- Student data such as grades, ID number, address, or phone number;
- Results or outcomes of any tests taken in the Assessment Center.

Faculty information includes, but is not limited to:
- Faculty contact information not available to students;
- Frequency or infrequency of password changes;
- Deadlines or extensions;
- Materials in or associated with the online course site;
- Special provisions extended to students.

I understand and will comply with these requirements to maintain confidentiality of all information which I may come to know as a result being a test proctor. My signature below indicates that I acknowledge my responsibilities as an online test proctor.

___________________________  ___________________________
Proctor Signature                              Date