



Student/Proctor Agreement Form for Off-Site Exams

Send Completed Form to the Attention of:
Distance Education
1105 Kelly Drive / Sanford, NC 27330
Phone: 919.718.7529 Fax: 919.718.7407
Email: destaff@cccc.edu

For more information about off-site proctoring, read the proctoring guidelines at
<http://www.cccc.edu/distanceeducation/currentstudents/exam/offSite.php>

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 prefix, number and section for each course.

Example: DMA 010 LN141

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

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

Proctors must use a professional email address that meets the approval of the distance education department.
In most circumstances, this means a proctor will use an .edu (educational) or .org (business/organization) e-mail address.
Please note exams will not be emailed to student accounts under any circumstances.
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 cover sheet'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 send the completed 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 _____

Please allow two business days for processing all proctor agreement forms.