Mississippi Virtual Community College
Jones County Junior College eLearning
Application for Off-Campus Test Proctor

(The two page form should be completed and emailed or faxed from off campus testing facility at least two weeks before scheduled exam.)

To be filled in by student:

Student’s Full Name: _______________________________  Student’s JCJC ID #: ______________________

Address: _________________________________________________________________________________

City, State, Zip: ___________________________________________________________________________

Phone Number: ____________________________________________________________________________

Email: ___________________________ Date form submitted to off campus site: ______________________

Reason for not coming to campus:

Student – Please fill in the following information for each test you need to take off campus:

1. Instructor’s Name: ______________________________________________________________________
   Subject: _______________________________________________________________________________
   Course number and Section: _________________________________________________________________
   Test: (midterm, final, #1 etc.)

2. Instructor’s Name: ______________________________________________________________________
   Subject: _______________________________________________________________________________
   Course number and Section: _________________________________________________________________
   Test: (midterm, final, #1 etc.)

3. Instructor’s Name: ______________________________________________________________________
   Subject: _______________________________________________________________________________
   Course number and Section: _________________________________________________________________
   Test: (midterm, final, #1 etc.)

4. Instructor’s Name: ______________________________________________________________________
   Subject: _______________________________________________________________________________
   Course number and Section: _________________________________________________________________
   Test: (midterm, final, #1 etc.)

To be filled in by off campus testing facility:

Date Request Form submitted by student: ______________________________________________________

Name: ________________________________________________________________

Title: _________________________________________________________________

Institution/Affiliation: _____________________________________________________________

Address: _____________________________________________________________________________

_______________________________________________________________________________________

Phone number: ___________________________ FAX: ____________________________

Email Address: _________________________________________________________________

Relationship to the 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.  (Please complete Proctor Confidentiality Agreement on Page 2 and return with form.)

Proctor’s Signature: ___________________________ Date Form Sent to JCJC: ______________________

(Please attach a copy of your faculty/staff ID or statement of affiliation on organizational letterhead signed by an organization officer to this request)

Contact: Kandace Martin online@jcjc.edu, (fax) 601.477.5441, (phone) 601.477.5454.

For JCJC use only:

Date received: ___________ Date passwords sent to testing center: ___________ Date student emailed: ___________

Notes: ___________________________________________________________________________________

Verification contact: ____________________________________________________________________
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

________________________________________
Printed Name

Please return this form along with the Application for Off Campus Test Proctor form.