

Proctor Agreement

Student Agreement:

Student Name: _____

Address: _____

Phone #: _____

E-Mail _____

Course: _____

As a student, I agree to the following:

1. to be responsible to locate a proctor and set up an appointment for the exams
2. to be responsible for reimbursing the proctor for costs of faxing/ mailing exams.

Student's Signature: _____

Date: _____

Proctor Agreement

A. Please check one of the following:

_____ I am an education official, librarian, counselor or teacher at a community college, university, elementary or secondary school.

_____ I am a librarian at a local or regional library

_____ I am a testing administrator or an educational services officer for the military

Return to: Brookdale Community College Distance Education Office
765 Newman Springs Rd.
Lincroft, NJ 07738

Phone: 732-224-2089

Fax: 732- 224-2001

B. I agree to the following statements.

- a. I am not a current student at Brookdale Community College
- b. I do not work or teach in the same discipline as the course for which the student is being proctored
- c. I am not related to the student
- d. I am not a friend or co-worker of the student
- e. I will keep the exam sealed in an envelope until test time.
- f. I will personally observe the student throughout the entire examination unless otherwise noted in the exam instructions. I will not provide assistance in interpreting or completing the exam.
- g. I will enforce the guidelines/instructions listed for each test. I understand that the student may not talk with anyone during the course of the exam and may use only those materials indicated on the exam instructions. Once an exam is started it must be completed. If the student stops before completing the exam, the exam must be taken up and faxed/mailed back to the instructor.
- h. I will not copy or reproduce the exams under any circumstances.
- i. Upon the conclusion of the time allotted for the examination, I agree to
 - 1. collect all examination materials
 - 2. fax completed test or answer sheet to the number indicated in the instructions or place all examination materials in an envelope and mail within 24 hours. The student may not mail the exam.
- j. I understand that I will not be paid for this service.

I accept the responsibility for proctoring the Brookdale Community College examinations in accordance to the statements outlined above.

Signature: _____ Date: _____

Proctor's Information (please print:

Name: _____

Position: _____

Name of Company or Institution: _____

Business Address: _____

Business Telephone Number: _____

Fax Number: _____

Return to: Brookdale Community College Distance Education Office
765 Newman Springs Rd.
Lincroft, NJ 07738
Phone: 732-224-2089 Fax: 732- 224-2001