Brookdale Community College
Testing Services
Proctor Agreement

Part I: Student Agreement

Student Name: _____________________________ Brookdale ID# ______________________________
Phone #_________________________________ Email______________________________________
Course____________________________________________________________________________

As a student, I agree to the following:

1. To be responsible to locate a proctor and set up appointments for the exams.
2. To be responsible for any proctoring fees and/or cost of returning completed exams to Brookdale.

Student’s Signature ____________________________________________ Date__________________

Section II: Proctor Agreement

A. Please check one of the following:

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

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

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. Electronic items, including cell phones, mp3 players/iPods, tablets/iPads may not be accessible to the student during the test, and if found on the student, will be considered an academic integrity violation.

h. I will not copy or reproduce the exams under any circumstances.

i. Upon the conclusion of the time allocated for the exam, I agree to:

1. Collect all examination materials

2. Fax or scan and email completed test or answer sheet to the number indicated in the instructions or place all exam materials in an envelope and mail within 24 hours. The student may not mail the exam.

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

Signature: ________________________________ Date: ____________________________

Proctor’s Information (please print)

Name: ________________________________________________________________

Position: __________________________________________________________________

Name of Company or Institution_____________________________________________

Business Address: _______________________________________________________

Phone number: ______________________Fax Number: ________________________

Email address: __________________________________________________________

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