### 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

Date:		
Student's Full Name:		-
Student ID:		-
Address:		-
City, State, Zip Code:		-
Phone Number:		-
School E-mail:		-
Reason for not coming to	o Campus:	
List Course (e.g. ART 1	113 8A, BIO 1613 8B2, etc.) and Instructor's Name for each cou	rse(s) enrolled in:
For Office Use Only:		
Approval: ( ) Granted	( ) Declined	Date:
If declined, Reason:		

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## Mississippi Virtual Community College Application for Off-Campus Test Proctor

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 to with the student outside that list	examination of the referenced student. I acknowledge the above.	at I have no relationship
Proctor's Signature:	Date:	
(Please attach a copy of y	r faculty/staff photo ID or statement of affiliatio	n on organizational

letterhead signed by an organization officer to this request)

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#### **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	