

*Mississippi Virtual Community College*  
*Jones 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: email [online@jcmc.edu](mailto:online@jcmc.edu), (fax) 601.477.5441, (phone) 601.477.5454.**

*Jones County Junior College eLearning*

900 South Court Street

Ellisville, MS 39437

[online@jcc.edu](mailto:online@jcc.edu)

Fax: 601.477.5441

Phone: 601.477.5454

**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 and copy of your faculty/staff ID or statement of affiliation on organizational letterhead signed by an organization officer to this request.**