Stark State College
6200 Frank Avenue, N.W.
North Canton, OH 44720-7299
330-494-6170|1-800-79STARK (1-800-797-8275)
Stark State College website

OFF-SITE TEST PROCTORING AGREEMENT FORM FOR STARK STATE COLLEGE STUDENTS

Please complete this Proctor Agreement Form if you are taking a Web 3 course and would like to test by proctor. This Proctor Agreement Form must be completed, returned and approved by the instructor BEFORE the first test is administered.

Course Name _____ Course Number_____ CRN _____
Instructor's Name _____
Instructor's Phone 330-494-6170, ext. _____ Instructor's Fax 330-_____
Instructor's E-Mail _____@starkstate.edu

Student Agreement:

As a student, I agree to the following:

- ☐ I will be responsible for locating a proctor (test supervisor) and scheduling an appointment for the test.
- ☐ I will be responsible for any proctoring expenses.
- ☐ I will provide proof of identification with a photo ID to the proctor at test time.
- ☐ I will take the test by the due date and time as assigned by the instructor.
- ☐ I will comply with SSC's Honesty in Learning Policy (available for review in the SSC Student Handbook.

Student's Signature _____ Date _____
Student Name (please print legibly) _____ S#_____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone Number _____ SSC eMail Address _____

Proctor Agreement:

As a proctor, I agree to the following:

- ☐ I am an education official, librarian, or teacher at a two-year college, university, elementary or secondary school; an education director at a hospital; a staff director, human services training director, test administrator, or educational services officer or any commissioned officer of higher rank than the student (military). I am not a current Stark State College student. **I am not a relative of the student, personal friend of the student, direct supervisor of the student, employed by the student, or a co-worker of the student. I do not live at the same address as the student. My position/relationship with the student does not present any conflict of interest.**
- ☐ I will verify the student's identification by using the photo ID provided by the student at test time.
- ☐ I will personally administer and supervise the indicated test.
- ☐ If applicable, I will send the completed test(s) back to Stark State College by the specified return date.

Proctor's Signature _____ Date_____
Proctor Name (please print legibly)_____
Institution/Employer_____ Job Title _____
Address _____
City _____ State_____ ZIP Code_____
Daytime Phone Number _____ Email Address _____
Fax Number _____
Test Mailing Address (if different than above) _____
_____

ALL PROCTORS ARE SUBJECT TO APPROVAL BY THE INSTRUCTOR

Instructor's Signature _____ Date _____