PROCTOR REQUEST FORM

STUDENT INFORMATION

STUDENT NAME: ____________________________ SGSC STUDENT ID NUMBER: ______________________

ADDRESS, CITY/STATE/ZIP: __________________________________________________________________

TELEPHONE: ____________________________ EMAIL ADDRESS: ____________________________

COURSE TITLE (i.e. ENGL 1101 OR ENGLISH 1101): ____________________________________________

INSTRUCTOR: ____________________________ SEMESTER: ____________________________

REQUIREMENTS FOR SELECTING A PROCTOR

YOUR REQUESTED PROCTOR MUST HOLD A PROFESSIONAL CREDENTIAL IN AT LEAST ONE OF THE FOLLOWING CATEGORIES:

- Licensed K – 12 educator or college teaching faculty/staff AND have at least one college degree (minimum of an associate degree required)
- Military training or education officer
- Utilize formal proctoring centers: library, commercial learning center, college/institutional testing center, military center

YOUR REQUESTED PROCTOR MUST MEET ALL OF THE FOLLOWING CRITERIA:

- Cannot be related to the student in any way, may not live in the same residence, and may not be a close neighbor or friend
- Must provide a computer with internet access and an appropriate test-taking environment and,
- Must sign the proctor request form and adhere to the responsibilities of the proctor.

REMINDERS

- If you need information regarding accommodations for a verified disability, contact the Office of Disability Services at 912.260.4435 on the Douglas campus or 912.449.7593 on the Waycross campus. You may also contact the Disabilities Coordinator, Annette Nation, by emailing annette.nation@sgsc.edu.
- Keep a copy of this form for your records. You will receive email verification when your proctor has been approved.
- This form must be completed and sent two weeks prior to your requested exam date.
- Scan completed form and send to amber.wheeler@sgsc.edu or mail the form to the Director of Academic Support at South Georgia State College, 100 West College Park Dr. Douglas, GA 31533.
PROCTOR INFORMATION

PROCTOR NAME: ________________________________ PROCTOR TITLE: ________________________________

TESTING FACILITY NAME: ________________________________________________________________

TESTING FACILITY ADDRESS: _____________________________________________________________

CITY/STATE/ZIP: ________________________________________________________________

TELEPHONE: ________________________________ EMAIL ADDRESS: ________________________________

RELATIONSHIP TO STUDENT: ____________________________

STUDENT AGREEMENT

I, the undersigned student, attest that all proctor information contained on this form is correct and conforms to the guidelines for suitable proctors. I have read the requirements above and agree to abide by all rules and regulations set forth by South Georgia State College. I understand that any deliberate misstatement of fact will be reported to the instructor for which proctoring has been requested as well as South Georgia State College’s Student Conduct Board.

STUDENT NAME: (PRINT) ________________________________ DATE: ________________________________

STUDENT SIGNATURE: ________________________________________________________________