



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 (only during public school year) 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, Stanley Sinkfield, by emailing disabilityservices@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 alexandra.cardiel@sgsc.edu or mail the form to the Academic Success Coordinator at South Georgia State College, 100 West College Park Dr. Douglas, GA 31533.

Douglas Campus
100 West College Park Drive
Douglas, GA 31533
912.260.4290



Waycross Campus
2001 South Georgia Parkway
Waycross, Georgia 31503
912-449-7550

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: _____