The Testing Center
SUNY Jefferson Community College
1220 Coffeen Street
Watertown, NY 13601
Phone: 315-755-0300  Fax: 315-786-6574
thetestingcenter@sunyjefferson.edu

PROCTOR REQUEST FORM
This form must be completed and e-mailed or faxed to Jefferson Community College Placement Testing a week prior to scheduled remote test date for approval prior to taking the JCC Accuplacer at another institution.

The test must be proctored in an educational facility such as a library or school by an individual experienced in test administration and who is generally not known by the student. Family members may not proctor an exam for each other. Athletes may not have athletic directors or coaches proctor the exam for them.

TO BE COMPLETED BY THE STUDENT: Please type or print clearly

Name ___________________________________________ J# ___________________ DOB __________
Street Address ____________________________________________________________________________
City, State, Zip __________________________________________________________
Phone ___________________________ Email: __________________________
Signature of Student _______________________________ Date __________

TO BE COMPLETED BY THE PROCTOR: Please type or print clearly

Name ___________________________________________ Phone __________________________
Official Title ____________________________________________________________________________
Institution ___________________________________________________________
Address: ________________________________________________________________________________
Is your Institution a registered ACCUPLACER remote testing site? ___________________________

Email: ________________________________________________________________________________
✓ Verify the students identification with a valid photo ID
✓ Follow the exact exam instructions sent by Jefferson Community College
✓ Maintain a secure test environment and destroy all test instructions and passwords after test session
✓ Monitor the testing environment

Signature of Proctor _______________________________ Date ______________

FOR OFFICE USE ONLY
Date Received: __________________ Term Applied ___________ Test Required ___________ Referred By __________________
Sent Student Email □ __________ Sent Proctor Email □ __________
Forms Received: Proctor Agreement □ CPT Test Agreement □ FERPA □
Contacted Student to Discuss Scores and Next Steps: __________________

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