

# The Mississippi Virtual Community College

## Application for Off-Campus Test Proctor

Form must be submitted 5 business days prior to the desired testing appointment

Date: \_\_\_\_\_

Proctor's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ FAX : \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to the Student \_\_\_\_\_

I will be proctoring: (Please check where applicable) Midterm \_\_\_\_\_ Final \_\_\_\_\_

*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*

Proctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please attach a copy of your faculty/staff ID or statement of affiliation on organizational letterhead signed by an organization officer to this request)*

Student's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Course(s) Title (i.e. ACC 1213-HO): \_\_\_\_\_

Reason for not coming to campus:

*(Student, please attach a copy of your valid photo ID.)*

**Return this form to: Mississippi Delta Community College  
Distance Learning Office  
P.O. Box 668  
Moorhead, MS 38761**

*For office use:*

Instructor's Name:

Subject:

Test No.

Approval: ( ) Granted ( ) Declined \_\_\_\_\_ Date: \_\_\_\_\_