

Mississippi Virtual Community College
Jones County Community College eLearning
Application for Off-Campus Test Proctor

(This form should be completed and emailed or faxed from off campus testing facility at least two weeks before scheduled exam.)

To be filled in by off campus testing facility:

Date: _____
Name: _____
Title: _____
Institution/Affiliation: _____
Address: _____

Phone number: _____ FAX : _____
Email Address: _____
Relationship to the Student _____

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)

To be filled in by student:

Student's Full Name: _____ Student's JCJC ID # _____
Address: _____
City, State, Zip _____
Phone Number: _____
Email: _____
Reason for not coming to campus: _____

Student – Please fill in the following information for each test you need to take off campus:

- | | |
|---|--|
| 1. Instructor's Name:
Subject:
Course number and Section:
Test : (midterm, final, #1 etc.) | 2. Instructor's Name:
Subject:
Course number and Section:
Test: (midterm, final, #1 etc.) |
| 3. Instructor's Name:
Subject:
Course number and Section:
Test : (midterm, final, #1 etc.) | 4. Instructor's Name:
Subject:
Course number and Section:
Test: (midterm, final, #1 etc.) |

Contact: Lisa Purdum, lisa.purdum@jcc.edu, (fax) 601.477.5441,(phone) 601.477.5454.