



Stark State College of Technology  
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North Canton, OH 44720-7299  
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[www.starkstate.edu](http://www.starkstate.edu)

## OFF-SITE TEST PROCTORING AGREEMENT FORM FOR STARK STATE COLLEGE STUDENTS

Please complete this Proctor Agreement Form if you are taking a Web 3 course and would like to test by proctor.

**This Proctor Agreement Form must be completed, returned and approved by the instructor BEFORE the first test is administered.**

Course Name \_\_\_\_\_ Course Number \_\_\_\_\_ Index Number \_\_\_\_\_  
Instructor's Name \_\_\_\_\_  
Instructor's Phone 330-494-6170, ext. \_\_\_\_\_ Instructor's Fax 330- \_\_\_\_\_  
Instructor's E-Mail \_\_\_\_\_@starkstate.edu

### **Student Agreement:**

**As a student, I agree to the following:**

- I will be responsible for locating a proctor (test supervisor) and scheduling an appointment for the test.
- I will be responsible for any proctoring expenses.
- I will provide proof of identification with a photo ID to the proctor at test time.
- I will take the test by the due date and time as assigned by the instructor.
- I will comply with SSCT's Honesty in Learning Policy (available for review in the SSCT Student Handbook: [http://www.thezonelive.com/zone/02\\_SchoolStructure/OH\\_StarkStateCommunityCollege/handbook.pdf](http://www.thezonelive.com/zone/02_SchoolStructure/OH_StarkStateCommunityCollege/handbook.pdf)).

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Student Name (please print legibly) \_\_\_\_\_ Student ID \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_ SSCT E-Mail Address \_\_\_\_\_

### **Proctor Agreement:**

**As a proctor, I agree to the following:**

- I am an education official, librarian, or teacher at a two-year college, university, elementary or secondary school; an education director at a hospital; a staff director, human services training director, test administrator, or educational services officer or any commissioned officer of higher rank than the student (military). I am not a current Stark State College student. I am not a relative of the student, personal friend of the student, direct supervisor of the student, employed by the student, co-worker of the student, live at the same address as the student. My position/relationship with the student does not present any conflict of interest.
- I will verify the student's identification by using the photo ID provided by the student at test time.
- I will personally administer and supervise the indicated test.
- If applicable, I will send the completed test(s) back to Stark State College by the specified return date.

Proctor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Proctor Name (please print legibly) \_\_\_\_\_  
Institution/Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_ SSCT E-Mail Address \_\_\_\_\_  
Test Mailing Address (if different than above) \_\_\_\_\_

**ALL PROCTORS ARE SUBJECT TO APPROVAL BY THE INSTRUCTOR**

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_