Remote Proctoring Agreement Form

This form is to be filled out by other institutions that are proctoring a test for a student that is attending MVCC.

Please complete the following:

Host Institution Name:_____

Address: City, State, Zip-Code:_____

Host proctor name:_____

Host proctor phone #:_____

Host proctor email:_____

Date you are taking the test:_______________

After completion, this form can be e-mailed, faxed or mailed. To e-mail this form, please save it to your computer and then attach form to: dyahnke@mvcc.edu

Fax: (315) 792-5696 **ATTN: Placement Testing Center**