



eLearning Department

Application Out-of-State Proctor Examinations

Instructions: The application for out of state proctor exam forms is used by students enrolled in an online course and will not be within driving distance of a Mississippi approved proctor center at the time of exams. The student will be responsible for finding a suitable proctor and pay any fees associated. Once the form is completed with the following information, students should return the form to MDCC's eLearning office for approval. (Exam information will not be submitted until the proctor has been approved.)

Step 1: Identify a suitable proctor. A prospective proctor may be found within the following professions.

A certified testing center of a community college, college or university

A public Library that has a computer lab that offers proctoring

MDCC approved Virtual proctor (no proctor information needed for this selection)

Step 2: Complete the Student Information section of this form

Step 3: Once you have selected Out-of-State Proctor, complete the Proctor Information and Proctor Agreement section of this form. If you are selecting the Virtual option, you do not need to submit proctor information. Instead, complete the student information section of this form and select the virtual option under Out-of-State Proctor Options

Step 4: Both Student and Proctor will need to submit a clear copy of Picture ID

Step 5: Submit the completed form by email or fax to the MDCC's eLearning office. **Note: This form must be received 5 business days before preferred testing date.**

Mississippi Delta Community College eLearning office

Email: vccproctor@msdelta.edu

Phone: 662-246-6319

Student Information

Student's Full Name _____ MDCC ID# _____

Address _____

Phone: _____ Email: _____

Date and time, you will be testing: _____

Course(s) Title (e.g., Comp I, ENG 1113 90)

Reason for not using a local proctoring center:

Out-of-State Proctor Options:

Out-of-State Proctor Center: If selecting this option – the information on page 2 must be completed before approval – form must be received 5 business days before the testing date.

Virtual Proctor: If selecting this option – this form must be submitted 5 business days before the testing time Student must have medical documentation for not being able to leave his or her home. Test must be completed 2 days prior to the last day of scheduled exams



Proctor Information

Name/Title: _____

Institution/Affiliation: _____

Address: _____

Phone Number: _____ Fax: _____

Email: _____

Relationship to student: _____

Proctor Confidentiality Agreement:

As a test proctor, with access to the MSVCC testing data, it is important for you to maintain the confidentiality of any information to which you may have access during your proctoring agreement. This confidentiality extends to test, students, and faculty information.

Test Information includes, but not limited to:

- Content
- Passwords.
- Length, format, or perceived difficulty of assessments

Student information includes, but is not limited to, the following:

- Type of test being taken
- Course or selection in which the student is enrolled
- Student data such as grades, ID number, address or phone number
- Results or outcomes of any test taken in the Assessment Center

Faculty information includes but not limited to:

- Faculty contact information not available to students
- Frequency or infrequency of password changes
- Deadlines or extensions
- Materials in or associated with the online course site
- Special Provisions extended to students

I understand and will comply with these requirements to maintain confidentiality of all information which I may come to know as a result of my approval as a test proctor. I understand that this includes all information I receive from MDCC's eLearning Office. My signature indicates below that I acknowledge my responsibilities as an online test proctor. I agree to server as the proctor for examination of referenced student and I have no relationship with the student listed.

Proctor's Signature _____ Date: _____

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eLearning Office Use Only:

Approval: Granted _____ Declined _____

eLearning Staff Initials: _____ Date: _____