Patrick Henry Community College
Test Proctoring Procedures

Forms must be submitted to the Testing Center at least 1 week prior to testing.

Students who live within PHCC’s service region (Martinsville, Henry County, and Patrick County) are required to take all proctored tests on campus or at the Patrick County Site. Students living outside the Martinsville and Henry County area must complete a Student-Proctor Agreement form and submit to the Testing Center for approval.

Proctor Requirements – PHCC must be able to verify proctor’s employment and position within an organization. We reserve the right to decline requests for proctors for any reason. Proctors……..

- MUST be a community college/university testing center, full-time college/university faculty member or a community college/university/public librarian (not K-12 personnel).
  - Military students may use an educational officer or any commissioned officer of higher rank.
- MUST be taken at the college/university or public library during the hours of operation.
- CANNOT be a family member, a friend, student worker, or someone with whom you work.

Procedures:

- **The student secures** a Student Proctor Agreement form and returns the completed form (filled out and signed by both student and proctor) to PHCC Testing Center in the Learning Resource Center. Forms must be submitted to the Testing Center at least 1 week prior to testing.
- **Upon approval**, all tests/passwords will be sent directly to the Proctor when received from instructor.
- **The proctor** will administer the exams in a quiet and secure environment, ensuring the testing instructions are followed. Students are not allowed books, notes, or calculators unless otherwise instructed. For online tests, the student logs in to their course and the proctor is to enter the password. Under no circumstance is the student allowed to access or see the Password.
- **The test proctor** maintains the integrity of the tests at all times. Students are only allowed access to tests at the time of administration. No photocopies allowed. Students are not allowed any electronic devices (cell phones, smart watches, tablets, etc.), nor headphones while taking tests. All scratch paper must be collected by the proctor.
- **If there is a problem** while taking a computer exam, it is the proctor’s responsibility to immediately notify the instructor either by phone or email informing the instructor of the problem. If this is not done, the student may not be able to retake the exam.
- **The proctor** is responsible for mailing the original paper test(s) back to the Testing Center if required.
- **Any fees** for proctoring are solely the responsibility of the student and the student is responsible for reimbursement of mailing costs where necessary.

After reading the information above, complete the attached agreement and scan, mail or fax to:

Patrick Henry Community College
LRC Testing Center
645 Patriot Avenue
Martinsville, VA 24112
Fax#: 276-632-0163
Email: testingcenter@patrickhenry.edu

Contact Information: 276-656-0358 or testingcenter@patrickhenry.edu

If you have a disability or other need for reasonable accommodations in order to successfully complete the requirements of this course, please contact disAbility Resources [Learning Resource Center, Room 109 276-656-0257 or 1-800-232-7997 ext. 0257, disabilityresources@patrickhenry.edu] to discuss this matter confidentially. Patrick Henry Community College is an Equal Opportunity/Affirmative Action Institution

Version: July 2019
Student-Proctor Agreement
Patrick Henry Community College LRC Testing Center
645 Patriot Avenue, Martinsville, VA 24112
testingcenter@patrickhenry.edu     Fax # 276-632-0163
Forms must be submitted to the Testing Center at least 1 week prior to testing.

STUDENT AGREEMENT (PLEASE PRINT LEGIBLY)
By my signature, as a student of Patrick Henry Community College, I agree to be responsible for the following:

☑ locating a proctor (exam supervisor) and scheduling appointments for exams, if necessary.
☑ providing a picture identification and Student EMPLID when taking tests.
☑ reimbursing the proctor for testing or mailing expenses, if required.
☑ notifying the Testing Center if courses are added or dropped.

Semester: ☐ Fall, 20____   ☐ Spring, 20____   ☐ Summer, 20____

List Course(s) and Section(s): ________________________________ Instructor: ________________________________
(Example: MTH 120-W1)

Student Name: ___________________________ Date: ____________
Student EMPLID ___________________ Student’s PHCC Email: ____________________________
Street Address: ___________________________ State: ___________ Zip Code: ____________________________
City: ___________________________ Daytime Phone Number: ____________________________
Daytime Number: ___________________________ (Area Code) + Number ____________________________
Student EMPLID ___________________ Student’s PHCC Email: ____________________________
Street Address: ___________________________ State: ___________ Zip Code: ____________________________
City: ___________________________ Daytime Phone Number: ____________________________
Daytime Number: ___________________________ (Area Code) + Number ____________________________

PROCTOR AGREEMENT (PLEASE PRINT LEGIBLY)
Please select from the following to indicate that you are:
☐ community college or university testing center;
☐ community college/university or public librarian;
☐ full-time instructor at a community college or university;
☐ education officer or a commissioned officer of higher rank than the student (military).

I agree to the following:
▪ to verify identification of the student
▪ to administer and supervise the indicated tests/exams as instructed
▪ to scan/mail the completed paper tests/exams back to the LRC Testing Center at Patrick Henry Community College

Proctor’s Name: ___________________________ Date: ____________
Institution/Work: ___________________________ Job Title: ____________________________
Street Address: ___________________________ State: _____ Zip Code: ____________________________
City: ___________________________ Daytime Number: ____________________________
Daytime Number: ___________________________ Fax Number: ____________________________
Organizational Email (must have): ____________________________
( tests/passwords will not be sent to personal emails)

By my signature, I understand and agree to the conditions to proctor the test according to the procedures listed.

Proctor’s Signature: ___________________________ Date: ____________

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