



**READING AREA COMMUNITY COLLEGE**

**Off-Campus Exam Form**

The instructor must receive this form at least 10 working days in advance of the exam date. The student must email completed form to the instructor. The instructor must forward a copy of the completed form to the appropriate Assistant Dean and for online courses also to the Director of Online Education.

**Course and Student Information**

*This section needs to be completed and signed by the student*

**Instructor's name:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Course Section # & Name (e.g., COM 121-3860 English Composition):**

\_\_\_\_\_

**Semester and year (e.g., Spring 2014):** \_\_\_\_\_

**Student's name:** \_\_\_\_\_ **RACC ID #:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Raven's email:** \_\_\_\_\_

**Street address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_ (if outside the Unites States)

**Proposed Test Date/s:** 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**Time/s:** 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**If approved, the selected off-campus exam location will be used:**

**For one exam** \_\_\_\_\_ **All exams for this course** \_\_\_\_\_ **Other:** \_\_\_\_\_

**By signing this form, I acknowledge I have read and understand the requirements for a proctored off-campus exam.**

\_\_\_\_\_  
**Student Signature:**

\_\_\_\_\_  
**Today's date**

## Off-Campus Exam Location Information

*This section needs to be completed and signed by the proctor*

College/university and/or Proctor Location Name: \_\_\_\_\_

Proctor and/or Contact Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Fax: \_\_\_\_\_

Method of Exam deposit: Drop off  Mail  Email  Fax  Online

Method of Exam return: Pick up  Mail  Email  Fax

**By completing and signing this form, the proctor agrees to provide:**

1. A secure proctored environment for this Reading Area Community College student.
2. The equipment (computer, desk, internet access, etc.) to complete the paper and/or online exam.
3. **The payment of proctoring fees (if any) are the sole responsibility of the student. There are no fees or exchanges of money between Reading Area Community College and the participant proctored off-campus exam location.**

I attest that I can and will provide an appropriately secure environment for this student to complete the designated examination/s for this course, retain the confidentiality of this examination from all persons except the instructor, and return the exam/s according to the instructions provided by the instructor.

\_\_\_\_\_  
**Proctor's Signature**

\_\_\_\_\_  
**Today's date**

*This section needs to be signed and dated by the instructor*

**By signing this form, I approve and acknowledge I understand the requirements for this proctored off-campus exam location.**

\_\_\_\_\_  
**Instructor's Signature**

\_\_\_\_\_  
**Today's date**