

Ozarks Technical Community College
Off-Campus Proctoring Arrangement Form
For proctoring at a non-OTC facility

SECTION TO BE COMPLETED BY STUDENT

Name: _____ Semester: _____
Course: _____ Section: _____

Instructor Information

Name: _____ E-mail: _____
Phone: _____ Fax: _____

Proctor Information

Name: _____ E-mail: _____
Title: _____ Phone: _____
Institution: _____ Fax: _____

SECTION TO BE COMPLETED BY INSTRUCTOR

Paper assessment? _____ Yes _____ No Online assessment? _____ Yes _____ No
If so, how many pages? _____ If so, what is the password? _____

Proctoring Instructions

Textbook allowed? _____ Yes _____ No Calculator allowed? _____ Yes _____ No
Computer allowed? _____ Yes _____ No Internet allowed? _____ Yes _____ No
Notes allowed? _____ Yes _____ No Other study aids allowed? _____ Yes _____ No
Time allotted? _____

Additional Instructions:

SECTION TO BE COMPLETED BY PROCTOR

I verified the student's identity with a driver's license, passport, or other government ID before the assessment was administered. _____ Yes _____ No
I monitored the student during the entire assessment. _____ Yes _____ No
I proctored and returned the assessment according to the instructions given. _____ Yes _____ No

Proctor's Signature

(Please type in your name if returning this form by e-mail.)

Date

Return Instructions: Please return this form, as well as any paper-based assessments, via scan/e-mail to the instructor listed above. If you do not have access to e-mail, please fax the documents either directly to the instructor at the fax number provided above or to OTC Online at 417.447.8818.