Distance Learning Proctor Request Form

The Distance Learning program at RCC requires that a proctor must be a staff member at a college or university testing center. Proctors cannot be a family member, employer, or someone with whom the student works. For students who cannot travel to a campus testing center: incarcerated students should suggest an educational officer or counselor to serve as their proctor; disabled and other students who have extenuating circumstances which prevent them from going to a campus should suggest an alternative proctor, preferably an educator. You are responsible for any fees charged by the proctor. Requests for proctored exams and proctors must be approved by the Instructor and the Testing Center at Rappahannock Community College. Before submitting the form, the student must receive permission from the instructor. Please allow up to five (5) business days to process this form. The Testing Center reserves the right to reject requests or proctors for any reason.

STUDENT AND COURSE INFORMATION (Please print or type.)

DATE: _______________  LAST NAME: ___________________  FIRST NAME: ___________________

STREET: ______________________  CITY:____________________

STATE: __________  ZIP:____________________

PHONE # HOME:____________________  WORK:____________________

COURSE NUMBER/NAME: ______________________  INSTRUCTOR NAME:____________________

REASON FOR REQUESTING A PROCTOR:

________________________________________

STUDENT SIGNATURE: __________________________________________________________

PROCTOR INFORMATION (Proctor: Please print or type.)

PROCTOR’S LAST NAME: ___________________  FIRST: ______________________

TITLE: ___________________  ORGANIZATION: ______________________

STREET: ___________________  CITY: ______________________

STATE: __________  ZIP:____________________

WORK PHONE:____________________  EMAIL:____________________________________

PROCTOR: Please attach a copy of your organization’s letterhead with the following statement, the date, and your signature:

"I agree to serve as a proctor for Rappahannock Community College. I certify that the information I provided on the Proctor Request Form is correct."

SIGNATURE: ______________________  DATE: ______________

STUDENT: Please print this form and attach your proctor’s letterhead, and send it to:

Rappahannock Community College
Testing Center
52 Campus Dr.
Warsaw, VA 22572
Phone: (804) 333-6834  Fax: (804) 333-6835
Email: testing@rappahannock.edu