# Testing Center

Learning Resource Center – Room LRC 101 214 Center Grove Road, Randolph, NJ 07869 Phone: (973) 328-5362 Fax: (973) 328-5711

Email: testing@ccm.edu

**NON-CCM Test Proctoring Policy (Revised 10/08/2018)**

# Student Responsibilities:

* Make sure the County College of Morris (CCM) is an approved off campus testing site with your institution.
* Fill out the attached student information form. E-mail the completed form to testing@ccm.edu. Without this information, we will **NOT** process your exam(s).
* If required, fill out your institution’s proctor request forms.
* The student is responsible for collecting and bringing in any forms the institution requires a CCM proctor to complete.
* If approved by the institution, call the CCM Testing Center (973) 328-5362 to schedule an exam date. **Please make sure you specifically mention that you wish to schedule a NON-CCM proctored exam from another school or organization.** This **should be completed one week prior** to the exam.
* Prior to taking the exam, submit a non-refundable fee (cash, money order, or check) determined by the length of the exam or any additional proctoring responsibilities.
* At the time of your exam, the student must present valid and current photo identification.
* **Failure to comply with this policy will result in forfeiting the right to take the exam at CCM.**

# Outside Institution Responsibilities (students need to follow up):

The outside institution is responsible for sending the student’s exam via; mail, fax, or

E-mail to the approved CCM Proctor. Only hard copies or online exams will be accepted.

The exam materials **must include a contact person, phone number, and any passwords necessary.** Also include any other instructions that are necessary for proctoring the exam. All expenses pertaining to the administration of non-CCM exams are the responsibility of either the student or the outside institution.

**Student Information Form for proctoring Non-CCM exams**

Complete all mandatory fields indicated by the red asterisk (\*).

# Date:

|  |  |
| --- | --- |
| **\*** Last Name:        | **\*** First Name:        |
|  |  |  |  |
|  Address:        |
|  |  |  |  |
|  City, State, Zip:        |
|  |  |  |  |
| **\*** Telephone: Day (  |     | )        | Evening (  |     | )       |
|  |  |  |  |
| **\*** E-mail Address:        |
|  |  |  |  |
| **\*** Does the Exam Require a Computer?        |
|  |  |  |  |
|  Course Name:        |
|  |  |  |  |
|  Required Test Date and Time:        |
|  |  |  |  |
| **\*** Outside Institution Name:        |
|  |  |  |  |
|  City, State, Country:        |
|  |  |  |  |
| **\*** Contact Person:        |
|  |  |  |  |
| **\*** Contact Telephone:       |

E-mail or fax this completed form to testing@ccm.edu or 973-328-5711.