# 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](mailto: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.](mailto: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:

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| --- | --- | --- | --- | --- | --- |
| **\*** Last Name: | | | **\*** First Name: | | |
|  |  | |  | |  |
| Address: | | | | | |
|  |  | |  | |  |
| City, State, Zip: | | | | | |
|  |  | |  | |  |
| **\*** Telephone: Day ( |  | ) | Evening ( |  | ) |
|  |  | |  | |  |
| **\*** E-mail Address: | | | | | |
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| **\*** 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](mailto:testing@ccm.edu) or 973-328-5711.