

County College of Morris (CCM)

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.

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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.