

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

Test Proctoring Policy

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.
- Prior to required test dates/times, students must provide any forms required by their institution to be completed by the proctor.
- If approved by the institution, send an email to the CCM Testing Center at testing@ccm.edu to schedule an exam date. **Please make sure you specifically mention that you wish to schedule a proctored exam from a 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.**

Institution/Organization Responsibilities (students need to follow up):

The outside institution is responsible for sending the student's exam via; mail 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 proctored exams are the responsibility of either the student or the outside institution.

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Student Information Form for Proctored Exams

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

* **Date:** _____

* Last Name: _____ * First Name: _____

Address: _____

City, State, Zip: _____

* Cellphone: _____

* E-mail Address: _____

* Does the Exam Require a Computer? (Check one) Yes _____ No _____

* Course Name: _____

Required Test Date and Time: _____

* Institution/Organization Name: _____

City, State, Country: _____

* Contact Person: _____

* Contact Telephone: _____

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