



Test Proctor Request

Testing Center-Kilgore Campus ♦ 1100 Broadway ♦ Kilgore, TX 75662 ♦ 903.983.8215 phone ♦ testing@kilgore.edu ♦ 903.988.3707 fax

Proctoring Guidelines: Read Carefully

1. Students should submit this form at least **72 hours** prior to the desired test date to testing center and BEFORE asking the host institution to send the exam materials. **Last minute requests may not be honored.**
2. Students should indicate their course information including test dates on this form and must submit a separate form for each course each semester services are requested.
3. Appointments must be requested at least **24** hours in advance of the desired test date once test materials have been received from your instructor. Test materials must be on file with the testing center before an appointment will be scheduled.
4. Exams must be scheduled Monday – Thursday only **no later than 2pm**. Exams **exceeding 3 hours** in length will not be proctored.
5. Exams will not be proctored on college holidays, during late registration periods or finals weeks.
6. Students must pay the proctoring fee for each exam. Proof of payment (receipt or receipt number) must be provided when requesting a testing appointment.
7. Students will only be allowed to use materials specified by instructor.
8. Students should not bring children or other visitors to their testing appointments. Waiting areas will not be provided for such guests.
9. Students will not be allowed breaks during exams without a medical notice.
10. Completion of this form does not guarantee or confirm your appointment request.
11. Once this form is received the student will receive an email explaining whether or not the requested exam can be proctored. If the exam can be proctored, the student will be contacted with instructions for scheduling a testing appointment.

Section I. Student Verification:

I _____ have read and agree to abide by ALL of the proctoring guidelines listed above. I understand that I must pay the proctoring fee (\$30) for each exam I take at the Kilgore College testing center located on the Kilgore campus. I understand that I must also provide proof of such payment prior to scheduling an appointment for testing. I agree to completely turn off my cellular and all other electronic communication devices upon arrival to the testing center and agree not to bring children or other guests to my testing appointment. I UNDERSTAND THAT IF I FAIL TO FOLLOW THESE GUIDELINES, I MAY BE REFUSED SERVICES AND MAY BE IMMEDIATELY DISMISSED FROM THE TESTING CENTER. I further agree to abide by all of the Kilgore College testing center guidelines and procedures.

Signature _____ Date _____

Section II. Institution Information: Please print:

Instructor/Institution/Agency Name: _____

Instructor/Institution/Agency email: _____ Course _____

Instructor/Institution/Agency Phone # _____ Time Limit for Exam: _____

Section III. Student Information: Please print

Student Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Requested test date(s) _____