



Date: ___ / ___ / ___

Request for Non-CCC Proctoring

This form is to be completed by the instructor from the student's home institution for distance learning proctoring and submitted at least **3 days** in advance of a scheduled appointment by emailing to proctoring@clevelandcc.edu.

Name: _____

Phone Number: _____ Email Address: _____

Select type of proctoring needed:

- CASAS
- Distance Learning
- Other:

Student's Home Institution: _____

Instructor's Name: _____

Instructor's Phone Number: _____ Email Address: _____

Class/Section: _____

Testing Date Range: ___ / ___ / ___ - ___ / ___ / ___

Is the test paper or online? _____ **If password is needed, please send at least 2 days in advance to proctoring@clevelandcc.edu**

Timed test? (please state time limit) _____

May the proctor reset the test in case of extreme circumstances? _____

If no, please include the procedure for testing staff if any malfunctions occur during the test: _____

Materials allowed to use during test (notes, books, etc.) _____

Additional Instructions? _____
