## Mississippi Virtual Community College

## Application for Off-Campus Test Proctor

Date:	<del></del>		
Name:		· · · · · · · · · · · · · · · · · · ·	
Title:			
Institution/Affiliation:			
Address:			
Phone number:		FAX :	
Email Address:			
Relationship to the Student			
I agree to serve as the proc relationship with the studen		erenced student. I acknowledge	e that I have no
Proctor's Signature:		Date:	
(please attach a copy of ye	our faculty/staff ID or statement of organization officer to	f affiliation on organizational letterhea o this request)	ad signed by an
Student's Full Name:			
Address:			
City, State, Zip			
Phone Number:			
Email:			
Reason for not coming to ca	ampus:		
For office use:			
Instructor's Name: Subject: Test No.			
Approval: ( ) Granted ( )	Declined		Date:



CONNECTING. ENGAGING. EMPOWERING.

## **Proctor Confidentiality Agreement**

As a test proctor, with access to the MSVCC proctor database, it is important for you to maintain the confidentiality of any information to which you may have access in the course of your employment. This confidentiality extends to test, student, and faculty information.

Test information includes, but is not limited to:

- Content;
- Passwords;
- Length, format, or perceived difficulty of assessments.

Student information includes, but is not limited to, the following:

- Type of test being taken;
- Course or section in which the student is enrolled;
- Student data such as grades, ID number, address, or phone number;
- Results or outcomes of any tests taken in the Assessment Center.

Faculty information includes, but is not limited to:

- Faculty contact information not available to students;
- · Frequency or infrequency of password changes;
- Deadlines or extensions;
- Materials in or associated with the online course site;
- Special provisions extended to students.

I understand and will comply with these requirements to maintain confidentiality of all information which I may come to know as a result of my employment as a test proctor. I understand that this includes all information I have access to in the MSVCC proctor database. My signature below indicates that I acknowledge my responsibilities as an online test proctor.

Proctor Signature	Date	