



Name of Student: \_\_\_\_\_

Thank you for agreeing to proctor this exam for the above named student. The purpose of this exam is to determine placement into the appropriate classes.

As proctor, by signing this form, you are verifying the following information:

- You agree not to allow the student to use any materials or aids that have not been specified by the Accuplacer testing instructions.
- You agree that you will be present the entire testing session, from log-in to submission of the test.
- You agree that you are NOT a family member or do not live in the same household as the above named student.
- You agree that if any questions or issues arise during the exam, the proctor must contact Pueblo Community College Testing Center immediately. The student may not have any contact with the Pueblo Community College Testing Center during the exam.
- You agree that YOU ARE NOT PERMITTED TO GIVE THE STUDENT THE TESTING INFORMATION AT ANY TIME.
- The Accuplacer exam MUST be taken in an approved facility, such as a public library, school or college/university, testing center or workplace. This exam MUST NOT be taken at the student's or the proctor's home!
- It is very important to adhere to the above policies. Failure to do so will result in the invalidation of the student's test scores and the Proctor will be barred from administering any future tests for Pueblo Community College.

Upon receipt of this form, we will contact you with the ID and password for the test. ***Please print all information clearly.***

***By signing below, both you as the Proctor and the student acknowledge that you understand and agree to adhere to the testing policies of Pueblo Community College, and that failure to follow these procedures will result in the invalidation of the student's test scores and the Proctor will be barred from administering any future tests for Pueblo Community College.***

Proctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Proctor Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Testing Location (Address): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Print Student Name: \_\_\_\_\_

Please return completed form by fax, mail, or email to:

Strider Swope, Testing Center Coordinator

900 West Orman Ave

Pueblo, CO 81004

719-549-3382 phone

719-549-3319 fax

[Strider.Swope@pueblocc.edu](mailto:Strider.Swope@pueblocc.edu)