



REQUEST FOR PROCTORING SERVICES

ASSESSMENT CENTER

1900 Pico Blvd.
 Santa Monica, CA 90405
 Ph: (310) 434-8040 Fax: (310) 434-8019

Requests for proctoring services must be submitted to the Assessment Center for review. Upon receiving full proctoring requirements information, you will be notified within five working days if your request is accepted or denied. The Santa Monica College Assessment Center reserves the right to refuse any proctoring services. A proctor will contact you to make the necessary arrangements. You may transmit this form by email, fax, or in person.

STUDENT INFORMATION		Date:
Name:		SSN/ID
Address:		Phone:
City/ZIP:	Email:	

PROCTORING REQUEST DETAIL		
Institution Sending Exam:	Address	
Contact Person:	City	State/ZIP
Title:	Phone:	
TEST INFORMATION		Email:
Name of Test:	Materials Permitted: <input type="checkbox"/> Books & Notes <input type="checkbox"/> Calculator (must bring if allowed) <input type="checkbox"/> Complete test at single-time (sitting) <input type="checkbox"/> Other (explain):	
Length of Test (time allowed):		
Exam Type: <input type="checkbox"/> Paper-based <input type="checkbox"/> Computer/Internet Based		
Please provide detailed test administration instructions for the test above. If paperwork from your institution must be completed, be sure to provide it at least one-week in advance of anticipated date when you will take the test.		

PROCTOR CERTIFICATION

I attest that an appropriately secure environment for this student has been provided for the designated examination and that instructions provided by the student and/or institution were followed.

Proctor Name:	Signature:
For Office Use Only:	Date Given:
	Time:
	Returned to: