

How to complete a Proctor Request Form

Below is an example of the Proctor Request Form and how to complete it.

Instructor's name, ID and course	 Faculty Information 				
sections for the available term will	Faculty ID	Faculty First Name		Faculty Last Name	
automatically populate when accessing the Proctor Request Form.	0450532	Dave		Datatel	
the Flociol Request Form.	Foculty Empil				
Primary phone is a required field.	Faculty Email				
r ninary phone is a required field.	ddatatel0532@mc3.edu				
	Faculty Primary Phone Number		Faculty Other Phone Number		
	xxx-xxx-xxxx				
Select course. Note: You are able to request proctoring for the previous term. Any questions, contact testing@mc3.edu for assistance. Select students who will be taking the exam. Select the exam type and provide a name for the exam.	2024/SP - BIO 2024/SP - BIO 2024/SP - BIO 2024/SP - BIO 2024/SR - BIO 2024/SR - BIO Student Notification Please notify th I will notify the Clear The following studen 1093568 - Dana Dat Student Count 1	er Selection ee Class per Form) *140*HCF *140*JCF *141*FCF *140*ACF re selected students that the exam is a selected students that the exam is a Select All nts were selected for this exam: ratel			
	O Other				

Select an exam forma <mark>t</mark>	▼ Exam Format
Note: All remote proctoring must be delivered via Canvas. If Paper is selected, a <u>file must be</u> <u>attached</u> in order to submit request. Files can only be attached to this form by selecting Paper. Select Other if test will be hand delivered. Use comments field for	Canvas(Please provide exam password in the comments box below) Publisher's site(Please provide exam link in the comments box below) Paper(You must attach a file if you choose this option) Other Comments
delivered. Use comments field for proctor passwords, hand delivery date/time, and other pertinent information regarding exam format.	
Specify the location of the exam.	Where Will Your Student(s) Test? * O Blue Bell O Pottstown
Choose a date or a date range	Specify Date(s): *
Indicate the time allowed for the	Specify a date ange Specify a date range The Testing Centers are open:
exam.	Blue Bell Campus College Hall, Library 2nd Floor
Note: This form only permits you to indicate a time in whole numbers. If your student needs time on the half minute, please add a note in the "Time Allowed" field below.	Monday through Friday – 9 a.m. to 4 p.m. Evening Hours: Please contact the testing center to setup an appointment. Pottstown Campus: South Hall, Library 114C Monday – 8 a.m. to 3 p.m. Tuesday – 8 a.m. to 3 p.m. Wednesday – 8 a.m. to 3 p.m. Thursday – 9 a.m. to 3 p.m. Friday and Evening Hours: Please contact the testing center to setup an appointment.
These are required fields.	In order to provide your students with adequate time to schedule, please submit your request a minimum of three (3) business days (8:00 am – 5:00 pm, excluding weekends) in advance. Please note: students must schedule their exam at least 24 hours in advance. They may not walk in to test without an appointment.
	Time Allowed for Exam. Please note: If this is an accommodated exam, please include the full time allowed for this exam. Other Time Allowed Is the Time Allowed minutes or hours? 50 • Minutes • Hours
You may also indicate a specific	

exam date and start time.	
	 Testing Dates
	Exam Start Date Exam End Date
	☐ 5/27/2024
	or
	OI
	 Exam times
	Pick a date *
	Exam Start Time
Specify test reason.	 Test Reason
	This test is:
This is currently a required field.	Accommodated Testing
	 Make-Up Exam
	Please include any relevant instructions. Please note: Any notes about time should be included in the "Time Allowed" field above.
	50 minutes in distraction reduced environment
	50 minutes in distraction reduced environment
	O No Materials
Select permitted materials.	OUse Some Materials - please select from the materials listed below in the dropdown
	menu
Calculators and other materials will only	 Please choose one or more from the following
be permitted if noted in this section.	Notes
	○ Yes ○ No
	Computer
	○ Yes ○ No
	Books
	○ Yes ○ No
	Foreign Language Dictionary
	○ Yes ○ No
	Calculator
	○ Yes ○ No
	Other
Enter time/date and location for the	
pick-up or delivery of exams	Additional Instructions
pick-up of delivery of exams	50 minutes in distraction reduced environment
V.	How do you want to receive the completed exam? (select all that apply)
	Pick up at Blue Bell Testing Center
	Pick up at Pottstown Testing Center Return to faculty mailbox – Pottstown
	Send via secure file transfer
	 Send interoffice mail (Please provide office address below)
	For Questions or Assistance, please email testing@mc3.edu
	Les Seconoris ou Lesagenices bucase equitin restriction restored

Finish by validating your form	Validate	
submissions. You will be notified which	Duration is not valid	
form items need attention.	Faculty Primary Phone Number is not valid	
	Select Course (One Class per Form) is not valid	
	Provide a name for the exam: is not valid	
	Exam Format is not valid	
	Where Will Your Student(s) Test? is not valid	
	Time Allowed for Exam is not valid	
	This test is: is not valid	
	How do you want to receive the completed exam? (select all that apply) is not valid	