Suffolk

COUNTY COMMUNITY COLLEGE

Outside / Remote Proctoring Form

Complete form and send to: orp@sunysuffolk.edu

Name of student requesting outside remote proctoring:

_____

Address: _____

_____

E-mail: _____

Phone: _____

Date/time you would like to take the test (choose two dates) _____ _____

Name of School: _____

_____

School contact information:

    Name: _____

    Title: _____

    Number: _____

    E-mail: _____

Type of Exam: _____

    Format of Exam *(check one please):*

      Internet ____

      Paper and pencil ____

      Other ____

Length of time of test: _____

Test needs to be administered by what date? _____

Information needed to administer test: _____

_____