

Alternate Proctor Location Student Request Form & Instructions

Students are expected to take proctored exams at a Laurel Ridge testing center. Students who cannot travel to one of the Laurel Ridge testing centers may request to have their exam proctored at another testing location. Requests for proctored exams at a non-Laurel Ridge testing site must be approved by the Laurel Ridge course instructor. Below are the steps to request a proctored exam at a non-Laurel Ridge location:

1. Contact the course instructor outlining the reason for your request to have a test proctored at an alternate testing location and where you are requesting to test.
2. If the faculty member approves the request, complete section 1) *Student and Course Information* and submit the form to a proctor at the alternate testing location.
3. The proctor at the alternate testing location completes Section 2) *Proctor Information* and submits the completed form to Laurel Ridge's testing center.
4. Laurel Ridge's testing center contacts the course instructor to verify permission and processes the request. Once the request has been processed and the test has been submitted to the alternate location, the student is notified.

A Few Things to Keep in Mind

Students are expected to adhere to the policies and procedures of both Laurel Ridge and the alternate testing location.

Submit one form for each course.

This is not a quick process. As soon as you know you cannot test at a Laurel Ridge testing center, please contact your instructor about testing at an alternate location.

It may take the alternate testing location several days to process the request.

At Laurel Ridge, allow up to 5 business days for processing. To check the status of a request, call 540-868-7140 or email testing-middletown@laurelridge.edu.



Section 1) STUDENT AND COURSE INFORMATION (Student: Please print or type.)

DATE: _____ LAUREL RIDGE STUDENT ID#: _____
LAST NAME: _____ FIRST: _____ MI: _____
STUDENT EMAIL: _____@EMAIL.VCCS.EDU
STREET: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE # CELL: (_____) _____ HOME: (_____) _____
COURSE: _____ SECTION#: _____
INSTRUCTOR: _____
ALL EXAMS FOR SEMESTER OR SPECIFIC EXAM TITLE: _____
REASON FOR REQUESTING A PROCTOR: _____
STUDENT SIGNATURE: _____

Section 2) PROCTOR INFORMATION (Proctor: Please print or type.)

PROCTOR: Please include the following proctor information, signed and dated:

I agree to serve as a proctor for _____. I will adhere to the test instructions received from Laurel Ridge Community College. I certify that the information I provided on the Alternate Location Proctor Request Form is correct.

PROCTOR'S LAST NAME: _____ FIRST: _____ MI: _____
TITLE: _____ ORGANIZATION: _____
STREET: _____ CITY: _____ STATE: _____ ZIP: _____
COUNTRY IF NOT U.S.: _____ WORK PHONE: (_____) _____
EMAIL ADDRESS: _____
PROCTOR SIGNATURE: _____ DATE _____

Email this completed form to testing-middletown@laurelridge.edu with subject: Alternate Proctor Request.