

Home institution:
Lake Michigan College Testing Center
2755 E. Napier Avenue
Benton Harbor, MI 49022
Ph: 269-927-6173
Fax: 269-927-8613

Date: _____ LMC ID # _____

Term: _____ (ex: Fall 2018)

Student name (print): _____

assessmentcenter@lakemichigancollege.edu (return email address)

Course name: _____ (ex: Math 122)

If space for listing more courses is needed, please use the back of this form.

Instructor: _____

Test name(s) and testing dates (ex: Test 1, Ch. 3 & 4, 1/20/18):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Materials allowed:

Time limit: _____

Return method:

Scan and email test and scratch (if used) within 24 business hours. Please verify that scans are readable; if not, please photocopy with high contrast, then scan.

Hold original until scan receipt confirmed, then shred.

Please initial and date each exam *as taken*; scan this completed form as the top sheet for each exam being returned.

Proctoring institution:

Name _____

Phone: _____

Address: _____

Fax: _____

Email: _____

Please list all other proctors on the back of this form.

Name of supervising proctor: _____

I confirm that no individuals who may proctor the above-named student know the above-named student.

I agree to proctor this student under the above-stated constraints and with the highest standards of testing confidentiality and integrity.

I have verified the student's identity (government driver's license or passport).

Proctor signature: _____ Date: _____