Home institution: Lake Michigan College Testing Center
Date: ___________ LMC ID # _______________________
Term: _______________ (ex: Fall 2018)
Student name (print): ______________________________

Benton Harbor, MI 49022
Ph: 269-927-6173
Fax: 269-927-8613
assessmentcenter@lakemichigancollege.edu (return email address)

**************************************************************************************************
Course name: ___________________________ (ex: Math 122)
Instructor: _______________________________
Test name(s) and testing dates (ex: Test 1, Ch. 3 & 4, 1/20/18):

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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: _____________________________________

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: ______________