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**INSTRUCTIONS FOR NON-TAMUK STUDENT TEST PROCTORING**

(For Companies/Agencies or students at schools other than TAMUK)

The Academic Testing Center provides proctoring (supervised testing) services. This service is provided to our community with a valid government issued I.D. The examinee/company/agency is required to pay a service fee of $30 for up to 2 hours of proctoring services. The examinee/company/agency is solely responsible for all testing fees.

It is the examinee’s responsibility to request proctoring services and notify the company/agency at least two weeks but no later than one week prior to the exam date requested.  If the exam has to be mailed to TAMUK, please do so a week in advance of the exam date requested.

The company/agency/institution must submit the form below.

Companies/agencies/institutions can fill out the non-academic test proctoring form electronically and email it to [testing@tamuk.edu](mailto:testing@tamuk.edu) .

***All emailed forms must be submitted from the supervisor’s company/agency official email in order to be valid.*** If you have any questions regarding proctoring services, please call (361) 593-3303 or email [testing@tamuk.edu](mailto:testing@tamuk.edu).



**ACADEMIC TESTING CENTER**

**MSC 147,700 University Blvd**

**Kingsville, TX, 78363**

**PHONE (361) 593-3303 FAX (361) 593-4859**

**NON-TAMUK STUDENT TEST PROCTORING**

|  |  |
| --- | --- |
| **Today’s Date:** |  |

|  |
| --- |
|  |

**Referring Institution:**

|  |  |
| --- | --- |
| **Contact Person (Supervisor/Instructor)** |  |
| **Phone no:** |  |

|  |
| --- |
|  |

**Email Address:**

|  |
| --- |
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**Kind of Exam: Paper-based Computer-based**

|  |  |
| --- | --- |
| **Password (if necessary):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Examinee First name:** |  | **Examinee**  **Last Name:** |  |

|  |  |
| --- | --- |
| **Address :** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Phone:** |  | **Work Phone:** |  |

|  |  |
| --- | --- |
| **Email Address:** |  |

|  |  |
| --- | --- |
| **Name of the Test :** |  |

|  |  |
| --- | --- |
| **Course Number :** |  |

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**Test Time:**

|  |  |
| --- | --- |
| **Date of the Test :** |  |

|  |
| --- |
|  |

**Time Limit:**

**Please List Supplement Items allowed and special instructions for proctors:**

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| --- |
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**Signature of Supervisor/Instructor Date**

|  |
| --- |
| **Instructions for Return of Test** |

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**Supervisor will pick up test.**

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**Secretary will pick up test.**

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**Return through mail.**

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**Return via email.**

**Other (Please specify):**

**Supervisor’s/Instructor’s After Hours preferred method of Contact:**

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| --- |
|  |

**Cell Phone:**

|  |
| --- |
|  |

**Email address:**

|  |
| --- |
|  |

**Home phone:**

|  |  |
| --- | --- |
| **FOR TESTING OFFICE USE ONLY** | |
| **Date Examinee Tested:** | |
| **Date Test Mailed:** | **Name of Proctor:** |

**Picked up by:**

**Signature Name (Please Print) Date**

**Mailed by:**

**Signature Name (Please Print) Date**