****

**INSTRUCTIONS FOR FACULTY/COURSE TEST PROCTROING**

The Academic Testing Center provides proctoring (supervised testing) services for TAMUK and non-TAMUK students enrolled in online and distance learning courses or if a student needs a proctored make-up exam.

This service is provided to TAMUK students with a valid student I.D. for $16 and non-TAMUK students for $26.  The student is solely responsible for all testing fees.

It is the student’s responsibility to request proctoring services and notify you 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 faculty member should fill out the form electronically and email it to [testing@tamuk.edu](mailto:testing@tamuk.edu).

***All emailed forms must be submitted from the instructors university 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).



**TESTING CENTER**

**MSC 147,700 University Blvd**

**Kingsville, TX, 78363**

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

**FACULTY/COURSE TEST PROCTROING**

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

|  |
| --- |
|  |

**Referring Instructor:**

|  |
| --- |
|  |

**Referring Instructor Phone no:**

|  |
| --- |
|  |

**Email Address:**

|  |
| --- |
|  |

|  |
| --- |
|  |

**Exam Delivery: 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 :** |  |

|  |
| --- |
|  |

**Test Time:**

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

|  |
| --- |
|  |

**Time Limit:**

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

|  |
| --- |
|  |
|  |
|  |
|  |

**Signature of Instructor Date**

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

|  |
| --- |
|  |

**Instructor will pick up test.**

|  |
| --- |
|  |

**Department secretary will pick up test.**

|  |
| --- |
|  |

**Return through Campus mail.**

**Other (Please specify):**

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

|  |
| --- |
|  |

**Cell Phone:**

|  |
| --- |
|  |

**Email address:**

|  |
| --- |
|  |

**Home phone:**

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

**Picked up by:**

**Signature Name (Please Print) Date**

**Mailed by:**

**Signature Name (Please Print) Date**