



# Assessment Proctoring Initiation Form

Please submit to the Assessment office (K2-108) or by email at [miratesting@sdccd.edu](mailto:miratesting@sdccd.edu)

### To Be Completed by the Instructor only

**\*Proctoring services are subject to staffing availability\***

Name of Instructor: _____ Course Section _____ Course Reference Number _____ Student Name (If applicable): _____ Date: ___/___/___ Email: _____@sdccd.edu Contact Phone #: _____-_____-_____ Test Period: From: ___/___/___ To: ___/___/___ Time Allowed: Hours ___/Minutes ___	<p style="text-align: center;"><u>Test Materials Allowed</u></p> <input type="checkbox"/> Scratch Paper (Specify) _____ Amount: _____ <input type="checkbox"/> Notes (Specify) _____ Amount: _____ <input type="checkbox"/> Dictionary/Thesaurus <input type="checkbox"/> Calculator (Specify) _____ <input type="checkbox"/> Textbook Name _____ <input type="checkbox"/> Tables/Formulas _____ <input type="checkbox"/> Other: _____
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**Special Instructions:**

**How would you like the test returned?** Campus Mail:  District Email:  Office Pick-up:   
 Please allow 2 business days for returns by campus mail/email

### To Be Completed by the Assessment Office

Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Student Name: \_\_\_\_\_ CSID# \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Notes:

# SAN DIEGO MIRAMAR COLLEGE

San Diego Miramar College Assessment Office. K2-108 (619)388-7379 [miratesting@sdccd.edu](mailto:miratesting@sdccd.edu)

10440 Black Mountain Rd, San Diego, CA 92126

Form Last Modified 5/15/17