Great Falls College MSU Testing Services Accuplacer Proctor Agreement

Part I: STUDENT AGREEMENT

Student Name (printed):	GFPS# or ACPL#:
	(circle either GFPS or ACPL)
Phone #:	Email
Address:	
Birthdate:	
Circle Your Exam:	
Math only (\$5.00)	
 Reading & Writeplacer only (\$20. 	00)
 Math, Reading, & Writeplacer (Al 	3 - \$25.00)
 Computer Challenge (\$25.00—<u>MI</u> 	UST CONTACT YOUR ADVISOR FIRST)
ALL THE ABOVE INFORM	ATION HAS TO BE FILLED OUT
Follow the Steps:	
1. Click the following link to generate your G	
	us.com/ssc/iform/C6700rEB003m0x6702Bl0l.ssc
Contact Great Falls College MSU Student a exam.	Accounts (406)771-4315, to pay for the placement
3. Fill out the Proctor Agreement Form.	
 a. Computer Challenge ONLY – must 	_
 Once step 2 is completed, the Testing Cer have the Accuplacer administered remote 	nter Coordinator will send the instructions necessary to ely.
As a student, I agree to the following:	
1. To be responsible to locate a proctor and	set up an appointment for the placement exam.
a. The proctor CANNOT be a friend of	or relative.
b. Test must be administered at the	•
c. Local Libraries, Job Services, Milit find a proctor	ary Education Center or Schools are the best place to
2. To be responsible for any proctoring fees.	
Student's Signature	Date
Part II: Proctor Agreement	
A. Please check one of the following:	
a. I am an educational official	, counselor/teacher at a community college/university

administrator or educational services officer for the military. College testing center.

	b I am an employee at a public library, or public school.			
	c Other occupations. Please list			
В.	I agree to the following statements:			
	-l am not a current student at Great Falls College MSU.			
	 -I am not related to the student. -I am not a friend or co-worker of the student. -I will keep the exam login and password secured at all times. -I will check the student's ID to ensure the proper person is taking the exam. 			
				-I will personally observe the student throughout the entire examination.
				-I will not provide assistance in interpreting or completing the exam.
				-I will enforce the guidelines/instructions listed for each testI understand the test must be administered at my place of businessI understand that the student may not talk with anyone during the course of the exam and may
	use only those materials indicated on the exam instructions.			
	-Electronic items, including cell phones, MP3 players, IPods, tablets, IPads may not be accessible			
	to the student during the test, and if found on the student, it must be reported as a violation.			
	(Please Check If It Applies) I am a first time proctor.			
C.	Questions: I will contact the Great Falls College Testing Center by either phone (406) 268-3711 / (406) 771-2261 or email etesting@gfcmsu.edu .			
	cept the responsibility for proctoring Great Falls College MSU Examinations in accordance with statements outlined above.			
Sigi	nature Date			
Pro	ctor's Contact Information (PLEASE PRINT)			
Na	me:Position:			
IVal	ilePosition			
Naı	me of Company or Institution:			
Duc	siness Address:			
bus	silless Address			
Pho	one Number:Fax Number:			
Fm	ail address:			
	MUST BE INSTITIONAL OR PROFESSIONAL EMAIL ADDRESS; CANNOT BE GMAIL, YAHOO, ECT.			
	Great Falls College MSU Testing Center			

Testing Center
2100 16th Ave. South
Room R274
Great Falls, MT 59405
Phone: 406-268-3711
FAX: 406-771-5125
etesting@gfcmsu.edu