



# ROWAN COLLEGE AT BURLINGTON COUNTY

## Proctor Examination(s) For Other Institutions/Agencies

PARCC       Other Institutions / Agencies

Test Candidate's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street  
City State Zip

Telephone Number (Home) (\_\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Institution/Agency \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Number of Exams \_\_\_\_\_

### TO BE READ TO / BY TESTING CANDIDATE:

I understand that, if Rowan College at Burlington County approves my request to proctor the test(s), I am responsible for scheduling a date and time with the Rowan College at Burlington County staff person assigned. I am aware that I must schedule the test (starting time) between 9 am and 4 pm Monday – Friday at the Pemberton campus ONLY.

Institution/Agency must send all testing materials to Rowan College at Burlington County. Test(s) must be in original, hard-copy, paper format. No faxes accepted. No computerized, online tests administered. Institution/Agency must provide a self-addressed, stamped envelope for return of completed test(s).

Pay a **\$30.00 proctoring fee** to Rowan College at Burlington County for each exam administered. This fee is non-refundable. **Fee to be paid at the cashier's window PRIOR to exam administration. Bring this form to Test Center as your proof of payment.**

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_ [ ] Request Approved

Test Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Accounting Use Only:

Payment DUE: **\$30.00**     Cash       Check       Money Order       Visa  
 MasterCard     Discover       AmerEx

Account #:      1-15010-8204

Cashier: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt # \_\_\_\_\_