PROCTOR VERIFICATION FORM –
For students taking the Accuplacer or computer skills placement test at another institution

This form must be completed and mailed or faxed to the Pitt Community College Placement Testing at least two days prior to your desired testing date for approval prior to taking the PCC Accuplacer at another institution. Forms that do not include an appointment date and time cannot be processed and as a result your request will be denied.

The test must be proctored in an educational facility such as a library or school by an individual experienced in test administration and who is generally not known by the student or is known solely in a professional capacity (i.e. teacher, librarian). Family members may not proctor an exam for each other. Athletes may not have athletic directors or coaches proctor the exam for them.

TO BE COMPLETED BY THE STUDENT:  Please type or print clearly

Name:__________________________________________ PCC Student I.D. #:___________ DOB:__________
Street Address:__________________________________________________________________________
City, State, Zip:__________________________________________________________________________
Home Phone:_________________________________________ Cell Phone: ______________________________
Email Address (be sure it is an email you check often): __________________________________________
Are you retesting? □ Yes □ No
What section(s) of the placement test do you need to complete. Please check all boxes that apply:
□ English □ Math □ Computer Skills □ I am not sure

REQUIRED:
Signature of Student:_________________________________________ Date:____________________

TO BE COMPLETED BY THE PROCTOR:

Name:__________________________________________________________________________________
Official Title: ________________________________ Phone Number: ________________________________
Institution (include country name if not located in United States):
_______________________________________________________________________________________
Is your institution a registered ACCUPLACER remote testing site? ____________________________
Professional Email Address: _______________________________________________________________
*Please include a business card or photocopy of employee I.D. to complete our verification process

The Proctor agrees to:
✓ Verify the student’s identification with a valid photo I.D.
✓ Follow the exact exam instructions sent by Pitt Community College
✓ Maintain a secure test environment and destroy all test instructions and passwords after the testing session
✓ Monitor the testing environment

Signature of Proctor:______________________________ Date:________________________