

**DATE:**

For office use only- Date Received:

**Los Angeles Mission College  
Test Proctor Form**

## STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student No.: \_\_\_\_\_ Total number of minutes for test: \_\_\_\_\_

Instructor: \_\_\_\_\_ Class: \_\_\_\_\_

### RESOURCES ALLOWED

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Items allowed for use on test based on the Instructor's directions:

## PROCTOR INFORMATION

### PROCTOR (Please complete and sign)

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I proctored the above test. The student was not allowed access to any items other than those listed above. The student was not allowed to visit with anyone during the test and was not allowed access to his or her cell phone, unless otherwise directed by an instructor. The student was in direct vision of me during the entire testing time and was not allowed to leave the testing area during the test.

Printed Name of Proctor: \_\_\_\_\_

Test start time: \_\_\_\_\_ Test end time: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Proctor Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_