



Rowan College
at
BURLINGTON COUNTY

ROWAN COLLEGE AT BURLINGTON COUNTY

Proctor Examination(s) For Other Institutions/Agencies

ACCUPLACER Other Institutions /Agencies CLEP PARAPRO

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 Mount Laurel 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 \$_____ **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 the Test Center as your proof of payment.**

Staff Signature: _____ Date: _____ [] Request Approved

Test Candidate's Signature: _____ Date: _____

Accounting Use Only:

Payment DUE: \$30 \$45
 \$60 \$75

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Visa
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> AmerEx	

Account #: 1-15010-8204

Cashier: _____ Date: _____ Receipt # _____