PROCTORED TESTING

City College of San Francisco is a participant of the Online Education Initiative. We offer proctored testing for students enrolled at other participant schools.

The criteria below explains the CCSF Proctored testing process.

Testing Policies:

- Request must be done directly from the student’s college.
- All request must be approved by the Testing Office (techang@ccsf.edu) or designee prior to taking the test.
- Requests must be received at least 10 business days prior to the preferred date.
- Other colleges are responsible for all related proctoring and shipping fees.

Testing Steps:

- The college should contact the testing/proctoring facility and make sure they are willing to proctor the test.
- Fill out the Proctored Testing Request Form and send to:

  Testing Office  
  Conlan Hall Room 203  
  50 Phelan Avenue  
  San Francisco, CA 94112  
  Phone: 415.239.3987  
  Fax: 415.239.3662  
  Email: techang@ccsf.edu

Make sure that you have the following information before completing the Proctored Testing Form:

- Student Information:
  - Full name
  - Student ID #
  - Contact Phone Number
  - Email address
  - Test Date and Time

Proctoring Institution Information:

- Institutions name
- Address
- Email and Phone Number
PROCTORED TESTING REQUEST FORM

City College of San Francisco allows Non-CCSF students take part in “Proctored Testing”. The criteria below explains the CCSF Proctored testing process.

Proctored Testing Policies:

All requests must be approved by the Testing Office (techang@ccsf.edu) or designee prior to taking the test.

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- All request must be approved by the Testing Office (techang@ccsf.edu) or designee prior to taking the test.
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Student Information:

Student Name (Last, First): ___________________________ Student ID#: ___________________________

Phone no.: ___________________________

Requested Testing Date: E-Mail: ___________________________

Date: __________________________________________

Once this request form is completed, student will contact Teresa Chang at 415.239.3987 to select a time.

Institution Information:

Institution Name: _____ Website: ___________________________

Contact Person: ___________________________ E-Mail: ___________________________

Address, State & Zip code:

_____________________________________________________

Phone No. # ___________________________

________________________________________

Contact Person Name Signature Date

________________________________________

CCSF Office Manager’s Name Signature Date

Cancellation Policy: notify the CCSF Testing Office Manager, 48 hours in advance.