

**HOAE OFF SITE TESTING REQUEST FORM
2011/2012**

If you are requesting off-site testing for Georgian College – please read and follow the instructions below. Providing all the required information allows a test to be sent to your proctor by email the day before the date and time arranged with your proctor to complete the test.

1. Applicant MUST BE more than 3 hours from any of the main campuses.
2. Applicant MUST ARRANGE for a proctor at a college or university in your area.
3. Applicant MUST HAVE access to a stable internet connection for 3 hours in a quiet, private area.
4. Applicant must complete and fax/email the next page. Details required MUST include all of the following:
 - **Applicant Information**
 - **Proctor Information**
 - **Date and time scheduled for the testing** (please note: Georgian requires a minimum of 10 days notice to arrange testing)
5. Once the form is filled out completely and accurately, please send for approval:
 - **Fax to:** 705-329-3106 - Health and Wellness Testing, Attention: Ashley Carnrite
OR
 - **Email to:** acarnrite@georgianc.on.ca.

Please keep in mind that your test cannot be sent to your proctor if the required information is not received at least 10 days prior to the test date. If you are not approved to write off site you must attend your scheduled session.

IMPORTANT:

Once we receive **ALL** the required information and payment, we will finalize details with the proctor. Testing information will be sent the day before the arranged test date using your proctor's email address.

Office Use Only Date Request Received: _____ Date Test Sent: _____
Date Payment Processed: _____ Date Test Closed: _____

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Applicant Information

Applicant name:		
Georgian Student number:		
OCAS number:		
Program(s) you are testing for:		
E-mail address:		
Phone Numbers:	Day:	
	Evening:	
Home address:		
Applicant signature:		Date:

Proctor Information

Proctor's name/title:		
College or University:		
Address:		
Fax number:		
E-mail address:		
Phone Numbers:	Day:	
	Evening:	
Date & time test is scheduled: *minimum 10 days notice required		
Proctor's signature:		Date:

Confirmed Test Reservation

Date Selected:		Location & Time:	
If approval for off site is not granted you should keep your original test reservation.			

Office Use Only Date Request Received: _____ Date Test Sent: _____
 Date Payment Processed: _____ Date Test Closed: _____