



HOAE OFF SITE TESTING REQUEST FORM 2019/2020

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 ARRANGE** for their test to be between the hours of 8am and 3:30pm EST Monday to Friday. If your request is international, the time zone must be clearly stated in the attached form.
4. Applicant **MUST HAVE** access to a stable internet connection for 3 hours in a quiet, private area.
5. 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)
6. Once the form is filled out completely and accurately, please send for approval:
 - **Fax to:** 705-329-3106 - Health and Wellness Testing, Attention: Lucia ter Stege
 - OR**
 - **Email to:** lucia.terstege@georgiancollege.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 before the arranged test date using your proctor's email address. Please refer to www.georgiancollege.ca/healthandwellness/hoae if you need any clarification on this process.

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



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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. Please be sure to review all of the requirements on the previous page.

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 | | |
| If international, please indicate time zone here: | | |
| 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: _____