|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Online Proctoring Service Application Form (Local/Jamaican Residents)**  **September 2017, (updated March 2023)** | | | | | | | |
| **Proctoring Student Guide:**   1. UCC currently uses a proctoring service provider. 2. This *Online Proctoring, Service Form* must be completed and submitted with supporting documentation for approval, **before the Proctor fee is paid**. Paying the proctor fee ahead of approval will not guarantee approval. 3. The Form must be approved by your Campus Manager, the Senior Programme Coordinator **or** HOD by **March 13, 2023** and you will be advised by email. The form will be placed in an approved folder for administrative purposes.Payment must be made by **March 17, 2023 if the application is approved. No extensions will be granted to these deadlines.** 4. Students resident in Jamaica and approved to sit exams online are required to pay the requisite Proctor fee of US$45.00 or J$7,065.00 equivalent to UCC for the semester. 5. The proof of payment should be submitted to Ms. Jellisa Reddick at [busadminassistant@ucc.edu.jm](mailto:busadminassistant@ucc.edu.jm), who will collate the list of local students for proctoring service. **Deadline is March 17, 2023** (11:59 p.m.). The shared Proctor List will be subsequently updated and the Online Department will open the platform for students to sit their Exam(s).   **The UCC is not liable for any exam missed. No refunds applicable.** | | | | | | | |
| **Section 1**: **Student Contact Information** *(Please state the exact name as enrolled as a student at UCC)* | | | | | | | |
| **First Name:** |  | |  | | |  | |
| **Middle Name(s)** |  | |  | | |  | |
| **Last Name:** |  | |  | | |  | |
| **Phone:** | Mobile: | | Work | | | Home | |
| **UCC ID Number:** |  | | **UCC Email:** | | | | |
| **Section 2**: **Programme Information** | | | | | | | |
| **\*Programme of Study:**  *(e.g. BSc in Marketing)* |  | | | | | | |
| **Registered Campus:** |  | | | | | | |
| **Section 3**: **Exceptional Circumstance**  *(Explain your circumstance which must be supported by Doctor’s report, death certificate, letter from Police, employer etc)* | | | | | | | |
| **Serious or current illness:** *(Doctor’s report required)* |  | | | | | | |
| **A recent death in the immediate family:** *(Medical certificate required)* |  | | | | | | |
| **Urgent Job related issue:**  *(Job letter required)* |  | | | | | | |
| **Other situations of equal gravity: *(****It must be a specific issue with evidence eg. a letter from JP or Police)* |  | | | | | | |
| **Section 4**: **Assessments To be Proctored** | | | | | | | |
| **Course Code** | **Course To be Proctored** | **Section** | | | **Lecturer’s Name** | | **Registered Campus** |
|  |  |  | | |  | |  |
|  |  |  | | |  | |  |
|  |  |  | | |  | |  |
|  |  |  | | |  | |  |
|  |  |  | | |  | |  |
| **Section 5**: **Signature** | | | | | | | |
| **Student’s Signature:** |  | | | | | | |
| **Date: (**mm/dd/year) |  | | | | | | |
| **For Official Use Only** | | | | | | | |
| **Registration status**  **REGISTERED? Y\_\_ N\_\_** | **Provided supporting document**  **Y\_\_ N\_\_\_** | | | **Comments** | | | |
| **Processed by:**  *(Programme Coordinator, HOD or*  *Campus Manager)* | **Name:** | | | **Date: (mm/dd/year)** | | | |
| ***Examination Procedure*** | | | | | | | |