



UNIVERSITY of HAWAII®  
**KAPI'OLANI**  
COMMUNITY COLLEGE

Kapi'olani Community College Testing Center  
4303 Diamond Head Road, Lama Library, Room 101  
Honolulu, HI 96816  
Phone: 808.734.9144 Fax: 808.734.9453

## ACCUPLACER Student / Proctor Verification Form

The designated test proctor should return this form by scan/e-mail attachment to David Cabatu at [dcabatu@hawaii.edu](mailto:dcabatu@hawaii.edu) OR via fax at 808.734.9453. Please include a copy of the student's test scores.

### Student Statement of Verification

I hereby verify that I have independently completed the ACCUPLACER test under the supervision of my designated proctor. I did not have access to any books, notes, or materials, unless specifically noted in the directions of the examination.

Student Name: \_\_\_\_\_  
Last First Middle Initial

UH Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Proctor Statement of Verification

I hereby verify that I personally supervised the administration of this ACCUPLACER test session. The above-named student has completed the examination within the parameters specified for this test.

Proctor's Name (print) \_\_\_\_\_

Proctor's Signature \_\_\_\_\_ Date: \_\_\_\_\_