Disability Services Faculty Form for Proctoring Test

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Student Name: ________________________________________________________________

Test Name: __________________________ Course Name & Section: __________________________

Instructor: ___________________________ Instructor Phone: _____________________________

Instructor E-mail: ___________________________ Department: _____________________________

Due Date: ___________________________ Time Allowed: _____________________________

If Student exceeds the time allowed what should the Test Proctor do?

Collect Test Note Extra Time Taken Nothing

Indicate ALL items student is allowed to use during testing:

Book Notes Calculator Dictionary Computer Paper

Other ______________________________

Student is permitted to write directly on Test: YES NO

How will you get the completed test?

Pick up from 1300 Put in your mailbox Other ______________________________

Special Instructions/Notes:

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_________________________________________________________________________________

_________________________________________________________________________________

Accommodations Needed:

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