DISABILITY SERVICES TEST PROCTORING

Instructions: Students, please fill in the top half of form.
Instructors, please fill in bottom half of form and sign the form.

1. Quarter:

2. Name of student to be proctored by Disability Services:

3. Course name and number:

4. Name of instructor:

5. Time, date and number of minutes class is allowed for all tests in above course.

___________________________________________________________________

1. How early can the test begin on test day? (ie, if the class is testing from 10 – 11 can the proctored student begin at 8, or 9 or 10?)

2. How late can the test begin on test day? (ie, if the class is testing from 10 – 11 can the proctored student begin after 11 that day?)

3. Special instructions (no calculator, notes, or is open book, ...):

Disability Services will return the completed test to the instructor’s mail box as soon as the test is complete.

Instructor signature: