

DISABILITY SERVICES TEST PROCTORING

Student Name: _____

Instructor Name: _____ Date: _____

Course Name and Number: _____

Earliest date & time test may begin: _____

Latest date & time test must be completed by: _____

Minutes allowed for test in class*: _____

*this number will be used by DS office to calculate 1.5x or 2x minutes

Student may have as much time as they need

Special Instructions: (it will be assumed that the student can use no resources unless otherwise noted below – please be specific)

Instructor signature: _____

LOCATION FOR RETURN:

_____ In person (room: ____)

_____ Mailbox (room: ____)

_____ Other