Office of Disability Services
Test Proctoring Form
Please give form to Proctor for each Exam
Requests must be made 7 days in advance for test proctoring

Section 1: To be completed by the STUDENT

Student’s Name ____________________________________________________________

Student Email ___________________________________ Student Phone Number ___________

Course title/Instructor ___________________________________________ Phone Number ________________

Requested Test Date/s ___________________________ Requested Test Time ________________

Student’s Responsibility
I understand it is my responsibility to arrange a time with Disability Test Proctoring Services and my professor to take this test. I also understand that the test proctor will wait twenty minutes past the time of the scheduled appointment before returning the forfeited test for the professor to pickup.

Student Signature _______________________________________________________

Section 2: To be completed by the INSTRUCTOR

Exam should either be placed in lockbox across from Academic Success Center in Library, or e-mailed to proctoring@uscb.edu by 5:00pm the day before the exam is scheduled.

1). How much time does the student have to complete the exam with the adjustment? ____________________________
   (Example—Time and a half for a 50 min. class would be 75 min. Please refer to accommodation letter for time allowed.)

2). If the instructor gives permission to schedule the exam at a different time/date than class time, please indicate here.
   (This could be due to extended test time running into next class time of the student.)
   If yes, suggested time: ________________________________

2). Which of the following tools may the student use during the exam? (circle all that apply)
   Basic Writing Utensils   Textbook   Notes   Calculator
   Computer   Scantron   Scribe   Reader
   Computer for spell check only   Blank paper for working problems   Other: Please Specify ________________

3). How should the exam be returned to you?
   __________Sealed with the proctor’s signature over the seal, and have the student hand carry it to the professor.
   __________Scanned and e-mailed to instructor. E-mail address: ________________________________
   __________Filed in Student Success Center, Library Suite 202-216, for the professor to pick up.

   **If a student is returning the exam, it should be returned to:
   Name of Instructor __________________ Building/Room # __________________________
   If this person is not there, where should the student/staff member deliver the exam?

   ______________________________________________________________________________________

   Instructor Signature: _________________________________________________________________

Section 3: To be completed by the TEST PROCTOR

Day _______ Date _______ Time _______ Test administered by _____________________________

Proctor Signature: _________________________________________________________________

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