

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 _____ 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 pick up.

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: 100% extended time for a 50 min. class would be 100 min. Please refer to accommodation letter.)

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: _____

3). Which of the following tools may the student use during the exam? (check all that apply)

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Basic Writing Utensils | <input type="checkbox"/> Textbook | <input type="checkbox"/> Notes | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Scantron | <input type="checkbox"/> Scribe | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Computer for spell or grammar check (circle if only one) | <input type="checkbox"/> Blank paper for working problems | <input type="checkbox"/> Other: Please Specify _____ | |

4). 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: _____

Anita Lank, Disability Testing Coordinator, 843-208-8034, alank@uscb.edu or Julie Sayre, Disability Services, 843-208-8379