Office of Disability Services Test Proctoring Form

Please give or scan/email this 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)

   □ Basic Writing Utensils □ Textbook □ Notes □ Calculator
   □ Computer □ Scantron □ Scribe □ Reader
   □ Computer for spell or grammar check (circle if only one) □ Blank paper for working problems □ 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: _________________________________________________________

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