Office of Disability Services
Proctor Request Form

It is the STUDENT’S responsibility to return the completed proctor form to the Test Proctor, Bluffton Library 221 a minimum of 7 DAYS prior to test administration.

STUDENT: PLEASE PRINT THE FOLLOWING AS NEAT AS POSSIBLE

__________________________________ _____________________________ __________________________
Student’s Name                                                    Student’s Email                                         Student’s Cell #
__________________________________ _____________________________
Course Name & Number      Instructor Name and Office Ext.

INSTRUCTOR: Please answer all questions below. If you have any questions, please call 843-208-8375.

1. When is the student allowed to take the exam? (Choose specific date & time)
   a. Instructor would **PREFER** the student take the test at the same date and time as the class.
      i. Circle One: M T W TH F       Date: ____________       Time: _____________
   b. Student **MAY** take the test at any time on the same day as the scheduled test.
      i. Circle One: M T W TH F       Date: ____________       Time: _____________
   c. Student **WANTS** to take the test:
      i. Circle One: M T W TH F       Date: ____________       Time: ____________

2. Please check how you are planning to **DELIVER** the exam and how you would like for it to be **RETURNED**.

   **EXAM DELIVERY**
   ______ Email to proctoring@uscb.edu
   ______ Instructor Pick-Up in Student Success Center
   ______ Instructor drop in locked box across from
     Student Success Center

   **EXAM RETURN**
   ______ Instructor Pick-Up in Student Success Center
   ______ Scan and email to professor: email address
       ________________________________________
   ______ Sealed with proctor’s signature, student deliver’s to professor

3. All students with testing accommodations receive double time on testing.
   a. How long does the class have to take the test? ______________________

4. Please check all the tools the student is permitted to use on the exam. (**NOTE: if a student has a particular tool as one of their academic accommodations, they will be allowed to use it during testing**).
   ______ Use of Computer             ______ Use of Textbook             ______ Use of Scantron
   ______ Use of Blank Paper            ______ Use of Notes             ______ Use of Calculator (Type: _____________)

   Any special instructions: ________________________________________________________________

5. Please sign stating that the information provided above is correct.

   **INSTRUCTOR’S SIGNATURE:** ____________________________________________ **Date:** ______________________

OFFICE USE ONLY:

Date Test Received: _________ Date Test Taken: _________  Time Test Started: _________ Time Test Completed: _________
Proctor’s Signature: __________________________  Student’s Signature: __________________________

Anita Lank * Disability Testing Coordinator * 843-208-8034 * alank@uscb.edu * Bluffton Library 221