

REQUEST FOR PROCTORING SERVICES

INSTRUCTOR INFORMATION

INSTRUCTOR'S NAME: _____
EXT OR CELL PHONE NO.: _____

TODAY'S DATE: _____
DEPARTMENT: _____

TESTING INFORMATION

COURSE: _____
(E.G. PHIL 100)

*START DATE: _____ END DATE: _____

TIME LIMIT: _____ MIN.

*START TIME: _____ END TIME: _____
(GIVE TEST NO EARLIER THAN) _____ (DO NOT GIVE TEST AFTER) _____

Time Given for Exam to Entire Class.
Testing Center will adjust time for SDRC students.

*SDRC students *may* have to alter testing DATES & TIMES to allow for full testing accommodations.

STUDENT INFORMATION

Exam Taken	NAME OF STUDENT
<input type="checkbox"/> 1.	_____
<input type="checkbox"/> 2.	_____
<input type="checkbox"/> 3.	_____
<input type="checkbox"/> 4.	_____
<input type="checkbox"/> 5.	_____

Exam Taken	NAME OF STUDENT
<input type="checkbox"/> 6.	_____
<input type="checkbox"/> 7.	_____
<input type="checkbox"/> 8.	_____
<input type="checkbox"/> 9.	_____
<input type="checkbox"/> 10.	_____

NUMBER OF PAGES IN EXAM : _____

SPECIAL INSTRUCTIONS: *(i.e., what is needed and/or allowed for the exam)*

AFTER THE EXAM:

DISPOSITION OF TEST: *Scan/Email/Deliver Hold for Pick-Up

**Exams that have been scanned & emailed will be returned to instructor through campus mail*

Office Use Only: Pick-Up Confirmation

Instructor/ TA Signature

Date Exam was Picked-Up