

REQUEST FOR PROCTORING SERVICES

INSTRUCTOR INFORMATION

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

TESTING INFORMATION

COURSE: _____ *START DATE: _____ END DATE: _____
 (E.G. PHIL 100)

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

Time Given for Exam to Entire Class. *CDRC students *may* have to alter testing DATES & TIMES to allow for
 Testing Center will adjust time for SDRC students. full testing accommodations.

STUDENT INFORMATION

Exam Taken	NAME OF STUDENT	Exam Taken	NAME OF STUDENT
<input type="checkbox"/> 1.	_____	<input type="checkbox"/> 6.	_____
<input type="checkbox"/> 2.	_____	<input type="checkbox"/> 7.	_____
<input type="checkbox"/> 3.	_____	<input type="checkbox"/> 8.	_____
<input type="checkbox"/> 4.	_____	<input type="checkbox"/> 9.	_____
<input type="checkbox"/> 5.	_____	<input type="checkbox"/> 10.	_____

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

Collect Notes at the End of Exam: YES NO (All notes for a "Memory Card" accommodation will be collected with exam)

AFTER THE EXAM:

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

**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	
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