



Accessibility Resources

PROCTOR REQUEST FORM

(To be completed by STUDENT)

STUDENT'S NAME: _____

ID #: _____ CLASS: _____ TEST DATE: _____

TEST TIME: _____ INSTRUCTOR'S NAME: _____

By signing this form, I have read and agree to comply with all the Accessibility Service test policies and procedures for exam proctoring. I understand and agree to abide by the honor code "I have neither given nor received help on this exam, nor am I aware of any infraction of the honor code." I understand that ANY violation of this will be reported to the appropriate authorities.

STUDENT'S SIGNATURE: _____ DATE: _____

(To be completed by INSTRUCTOR)

TEST TIME LENGTH (for class): _____ AGREED START TIME FOR TEST: _____

TESTING DATE: _____

EXAM PICK UP & RETURN INSTRUCTIONS: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Open Book | <input type="checkbox"/> Internet Access | <input type="checkbox"/> Extended Time (1.5x or 2x) |
| <input type="checkbox"/> Open Notes | <input type="checkbox"/> Scribe | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Note card/sheet | <input type="checkbox"/> Quiet Room | <input type="checkbox"/> Calculator (simple or scientific) |
| <input type="checkbox"/> Computer/Laptop | <input type="checkbox"/> Other: _____ | |

INSTRUCTOR SIGNATURE: _____ DATE: _____

(To be completed by PROCTOR)

Time Started: _____ Required End Time: _____ Time Actually Ended: _____

Location: _____ Date: _____

PROCTOR SIGNATURE: _____ DATE: _____