

Disability Resource Center Exam Proctoring Form

rofessor's Name: Today's Date:		Date:
Student Name: ID#:		
Course Title: Exam Name:		
Exam Date: Exam Time: Exam Length in Class:		
Note: Exam will not be administered after this date and time		
Student may use the following	ng (Check all that apply):	Delivery Method:
Graphing Calculator	Blue / Green Book	Pick up: Only Professors or a
Scientific Calculator	Notes/Notecard(s)	department representative can pick up exams.
No Calculator	Book(s)	Mailbox: Exams will be placed in
Computer	Dictionary	instructor's PCEC mailbox or sent via campus mail.
Graph Paper	Scantron	
Scratch Paper, # of Sheets		
Special Instructions/Other:		
To be filled out by DRC Testing Center Staff Only		
Accommodations:		
Time (include adjusted time (i.e. 1.5x or 2x) per Academic Accommodation Form): Total		
Alternative Medi	a Reader Scribe	Private Room
Please note accommodations must be approved by a Disability Resource Center Counselor.		
Students please read and sign the following before beginning the exam: I have read and fully understand the DRC Testing Center Policies and Procedures. I understand and will adhere to the instructions for taking this exam. I also understand that there may be a time limit on this test, and it is my responsibility to turn the test in on time. I understand that I must turn in my test and all approved materials including: exam, scratch paper, and notes. I understand cell phones and smart devices (including smart watches) are not allowed in the testing area and must be turned off or silenced and put away in a locker or backpack/bag. Furthermore, I understand the DRC/TLC monitors a live video camera feed and/or monitor the testing room. All incidents of cheating or suspicious activity will be documented and reported to the instructor.		
Student's Signature:		
Start Time: End	d Time: S	Staff Initials:

Revised: June 2019