

Disability Resource Center Exam Proctoring Form North Education Center

Prof. /Instr. Name:	Today's Date:	
Student Name:	ID#:	
Course Title:	Exam Name: _	
Exam Date:	Exam Time:	
Note: Exam will not be administered after this date and time		
Student may use the fo	ollowing (Check all that apply):	Delivery Method:
Graphing Calculator	Blue / Green Book	Pick up *Professors/Instructors
Scientific Calculator	Notes	must sign-out exam*
No Calculator	Books	North Edu. Center Mailbox
Computer	Dictionary	Please note: *The TLC will only proctor exams for North on-site courses*
Graph Paper Scratch	Paper Number of Sheets	*The North TLC will not scan/email completed exams*
Other:		
Accommodations:		
Time: (include adjusted time (i.e. 1.5x or 2x) per Academic Accommodation Form)		
Alternative Media 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 I		
understand 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, all scratch paper (if allowed), pre-approved notes (if allowed) and this form to the assistant at the TLC reception desk.		
Student's Signature:		Date:
Start Time:	_ End Time: Studen	t Initials: