



Disability Resource Center Exam Proctoring Form

Professor's Name: _____ Today's 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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Graphing Calculator | <input type="checkbox"/> Blue / Green Book |
| <input type="checkbox"/> Scientific Calculator | <input type="checkbox"/> Notes/Notecard(s) |
| <input type="checkbox"/> No Calculator | <input type="checkbox"/> Book(s) |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Dictionary |
| <input type="checkbox"/> Graph Paper | <input type="checkbox"/> Scantron |
| <input type="checkbox"/> Scratch Paper, # of Sheets _____ | |

Special Instructions/Other: _____

Delivery Method:

Pick up: Only Professors or a department representative can pick up exams.

Mailbox: Exams will be delivered to the mailbox where the exam is being proctored.

Email: Exams can only be emailed from the DRC Testing Center.

(email)

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 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 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: _____ Date: _____

Start Time: _____ End Time: _____ Staff Initials: _____