Office of Disability Services Proctor Sheet

It is the STUDENT’S responsibility to return the completed proctor sheet to the Disability Services Testing Center in CLC 107 a minimum of 5 BUSINESS DAYS prior to test administration.

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Student’s Email</th>
<th>Student’s Cell Phone #</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Course Name &amp; Number</th>
<th>Course Instructor/Office ext. (First and Last Name)</th>
<th>Class Period (e.g., MWF 12:50pm)</th>
</tr>
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**INSTRUCTOR: Please answer all questions below. If you have any questions, please call (864) 503-5199.**

1. When is the student allowed to begin the exam? (Please coordinate a specific date & time with the student. Do **NOT** write “Anytime.”)
   a) Student **MUST** take the test at the same date and time of the class period.
      - Circle One: M, T, W, TH, F
      - Date: ___________
      - Time: ___________
   b) Student **MAY** take the test at any time on the same day of the scheduled test.
      - Circle One: M, T, W, TH, F
      - Date: ___________
      - Time: ___________
   c) Student **WANTS** to take the test:
      - Circle One: M, T, W, TH, F
      - Date: ___________
      - Time: ___________

2. Please check how you are planning to **deliver** the exam and how would you like for it to be **returned**.

   **Exam Delivery**
   - Email to disabilitytests@uscupstate.edu
   - Instructor/Department Designee Drop Off
   - Online (Blackboard, MyMathLab, etc.)

   **Exam Return**
   - Instructor/Department Designee Pick Up
   - ONLY send via campus mail to: ____________________________ (Bldg/Office#)
   - Scan and email to professor. Send original via campus mail to: ____________________________ (Bldg/Office#)

3. How much time is the **class** allowed on the exam? (The ODS will calculate the student’s extended time).
   **NOTE:** Unlimited time is **not** allowed
   - The **class** is allowed __________ Hour(s) and __________ Minutes

4. Please check all the tools the student is permitted to use on the exam. If the student is **not** allowed to use any source, please select **none**.
   - Use of **Computer** permitted
   - Use of **Textbooks** permitted
   - Use of **Calculator** permitted
   - **Scantron** (instructor, please provide)
   - **Other** (specify): ____________________________
     (e.g., Blue Book, Notes)
   - **None**

   Any specific instructions: ________________________________________________________________

5. Please **sign** stating that the information provided above is correct.

   **INSTRUCTOR’S SIGNATURE:** ____________________________________________ Date: __________________
OFFICE USE ONLY:

Date Test Received: ______________________ Date Test Taken: ______________________

Time Test Started: ______________________ Time Test Completed: ______________________

Proctor’s Signature: ______________________ Student’s Signature: ______________________

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placed on calendar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emailed professor for test/password</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scanned test to folder; placed original in campus mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scanned test to folder and professor; placed original in campus mail</td>
<td></td>
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Instructor/Department designee picked up:

__________________________________________

Signature__________________________________ Date____________

NOTES: ________________________________________________________________

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Revised 9/30/2021