

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.

****(PLEASE PRINT THE FOLLOWING AS NEAT AS POSSIBLE)****

_____	_____	_____
Student's Name	Student's Email	Student's Cell Phone #
_____	_____	_____
Course Name & Number	Course Instructor/Office ext. (First and Last Name)	Class Period (ex., MWF 12:50pm)

INSTRUCTOR: Please answer all questions below. If you have any questions, please call (864) 503-5199.

1. When is the student allowed to take the exam? (Choose **specific** date & time)
 - 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

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. Is the student allowed extended time on the test? **If yes**, please indicate.

Total time allowed for the test: _____ **minutes**
Choose one: Time and a half Double Time

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**.

- | | |
|--|--|
| <input type="checkbox"/> Use of Computer permitted | <input type="checkbox"/> Use of Textbooks permitted |
| <input type="checkbox"/> Use of Calculator permitted | <input type="checkbox"/> Scantron (please provide) |
| <input type="checkbox"/> Other (specify): _____
(ex. Blue Book, Notes) | <input type="checkbox"/> 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: _____

	Date	Initials
Placed on calendar	_____	_____
Emailed professor for test/password	_____	_____
Scanned test to folder; placed original in campus mail	_____	_____
Scanned test to folder and professor; placed original in campus mail	_____	_____

Instructor/Department designee picked up:

Signature

Date

NOTES: _____
