



Academic Services Test Proctoring Form

Student Name: _____

Instructor Name: _____

Due date for Exam: _____

Duration of exam without accommodations: _____

All Students taking this exam are allowed: (check all that apply)

Calculator

Scratch Paper

Textbook

Notes

Dictionary

Other: _____

For completed exams, check one:

The instructor will pick up completed test at Academic Services Office

Interoffice mail to the instructor after the test is complete or due date has passed

Special Instructions:

Instructor Signature: _____