PROCTOR REQUEST FORM

STUDENT INFORMATION (to be completed by student)

Student Name: __________________________  Test Time: ____________  Test Date: ________________

Instructors Name: ________________________  Course Number: ____________

By signing this form, I have read and agree to comply with all Accessibility Service test policies and procedures for exam proctoring. I understand and agree to abide by the honor code “I have neither given nor received help on this exam, nor am I aware of any infraction of the honor code.” I understand that any violation of the Honor Code will be reported to the appropriate authorities.

Student Signature: ________________________  Date of Request: ________________

INSTRUCTOR COMPLETES THIS SECTION

( ) None  ( ) Formula Sheet  ( ) Simple calculator
( ) Open book  ( ) Internet access  ( ) Scientific Calculator
( ) Open notes  ( ) Scantron  ( ) Graphic calculator
( ) Student’s personal laptop  ( ) Extended Time
( ) Additional materials/special instructions: __________________________

Exam Delivery (check one):  ( ) Hand delivered to Library  ( ) Emailed to johnna.antonich@msun.edu
                          ( ) Student delivers test in sealed envelope to proctor

Exam Return (check one):  ( ) Picked up from Library  ( ) Emailed to professor
                          ( ) Student returns exam in sealed envelope
                          Location: __________________________

Professor Signature: ________________________  Date: ________________

PROCTOR COMPLETES THIS SECTION

Time Started: ____________  Time To End: ____________  Time Actually Ended: ____________

Location: __________________________  Date: ____________  Proctor Signature: ________________________