

**On Campus Proctored Test
Request Form (For
instructors)**

The test proctoring request form is to be completed and submitted by instructors when one or more of his/her students will be taking an exam in the Library. Completion of this form helps to ensure the instructor's expectations for proctoring are met. Please contact Director of Library Services with questions or concerns.

Instructor: _____

Course name and Section: _____

Range of dates test will be proctored: _____

Amount of time allotted for test: _____

Password for online test: _____

Instructor Availability:

Please note below your availability to answer student questions during the proctored exam.

I will be available:

- On Campus/In Person
- By Phone _____
- By Email _____

General Test Options (Check all that ARE allowed):

- | | |
|--|---|
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Cell Phone |
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Test Materials in Alternate Format |
| <input type="checkbox"/> Open Book | <input type="checkbox"/> Extra Time (please specify how much) _____ |
| <input type="checkbox"/> Open Notes | <input type="checkbox"/> Dictionary |
| <input type="checkbox"/> Scratch Paper | <input type="checkbox"/> Other (please specify) _____
_____ |

Student's Name(s):

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Instructor Signature

Date: _____

Proctor Signature

Date: _____