

Proctoring Center Test Accommodations Request Form

INFORMATION PROVIDED BY STUDENT:

Today's Date _____

Student's Name _____ 919 _____ Student's Phone _____

Course Name/Number _____ Department _____

Instructor _____ Phone _____ Office # _____

Date/Time class is taking test _____ Date/Time you are taking test _____

If Date/Time different than class, list reason _____

Approved Accommodations requested for this test _____

TO BE COMPLETED BY PROCTOR:

Signature of Staff person taking initial request _____

Step 1:

Date: _____ *Time:* _____ *Initials:* _____

Which testing room?	A	B	C	D			
Who's Proctoring?							
Notes:							

Step 2:

Date: _____ *Time:* _____ *Initials:* _____

Contact Instructor	Call Office	Call Sec.	Email	Left Message			
Notes:							

INFORMATION FROM INSTRUCTOR:

Test Delivery Method:

Date: _____ *Time:* _____ *Initials:* _____

Method we receive test?	email	hand delivery	campus mail	other			
Date we will receive?							
Date & time received?							

Test Return Method:

Date: _____ *Time:* _____ *Initials:* _____

How is test returned?	proctor return	pick up	campus mail	other			
When & where to return/pick up?							

Step 3:

GIVING THE TEST:

Instructor approved aids (calculator, notes, dictionary, books, spell check, etc):

Time & 1/2 conversion *Double time conversion*

MWF 50 min class	1 hr & 15 min	1 hr & 40 min
TR 75 min class	1 hr & 53 min	2 hr & 30 min

Proctor will:	Start/stop	Scribe	Reader	Kurzweil
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Test Start Time	Test Stop Time	Proctor Sign & Date