

Student Disability Services
G20 Redfern
656-6848 (office)
656-6849 (fax)
SDS-L@clemsun.edu (email)

TEST PROCTORING FORM

- Forward this form at least 3 days in advance
- Give student a copy of the proctor form
- Forward test and form by noon the day before

STUDENT INFORMATION

Student's Name: _____ CUID#: _____

I agree to comply with all Proctor Lab test policies and procedures for exam proctoring. I understand that failure to do so may result in losing the privilege of using the proctor lab. I understand that the exam will not be administered if my arrival time is 15 minutes after the instructor's stated start time. However, if I am late and within the 15-minute window, I understand the amount of time I am late will be deducted from the total time allowed for the test. I agree to abide by Clemson Student Government Academic Integrity Statement. I understand that violation of the Academic Integrity policy will be reported to Undergraduate Studies.

Signature: _____ Date: _____

FACULTY INFORMATION

Instructor's Name: _____

Course/Section _____ Phone #: _____ Email: _____

Date Student will take exam: ____/____/____ Time Student will Start Exam: _____

Total time allowed for exam (including extended time): _____

INITIAL all allowable instruments/alternative format/accommodations:

<input type="checkbox"/> None	<input type="checkbox"/> Formula/Tables	<input type="checkbox"/> Transfer to Scantron
<input type="checkbox"/> Calculator	<input type="checkbox"/> Open Book	<input type="checkbox"/> Scratch Paper
<input type="checkbox"/> Computer	<input type="checkbox"/> Open Notes	<input type="checkbox"/> Scribe
<input type="checkbox"/> Assistive Tech (Dragon, Jaws, K3000, Zoomtext)		<input type="checkbox"/> Tape Recorder

Additional approved materials/Special Instructions: _____

Exam Delivery Info: (check one)

- Test will be hand delivered to G20 Redfern by 12:00 noon the day before test.
 Test will be faxed or emailed to Student Disability Services by 12:00 noon the day before test (656-6849).
 Student will bring the exam to Testing Center in a sealed envelope.

Exam Return: (check one)

- Instructor will pick up completed exam next business day from G20 Redfern (9:00 a.m. – 4:00 p.m., M-F)
 Completed test returned the following business day by proctor to: _____
(office location, include room #)

I understand that any student violating the Academic Integrity policy will be reported to Undergraduate Studies.

Signature: _____ Date: _____

SDS Staff Only:

Time Started: _____ Staff Initials: _____ Time Ended: _____ Staff Initials: _____

Test Returned To: _____ Date/Time/Staff Initials: _____

Notes: