

## Test Proctoring Form

Student Name \_\_\_\_\_

Instructor \_\_\_\_\_

Class \_\_\_\_\_

Date and time of test \_\_\_\_\_

### Please indicate your test guidelines:

1. Time given in class for test: \_\_\_\_\_
2. Allowed during test:
  - Calculator
  - Note card \_\_\_\_\_
  - Open Textbook
  - Open Notes
  - Spell check
  - Internet allowed
  - Other \_\_\_\_\_

### Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Test return:

- DSPS staff return test to my mail box.  
Bldg/Box# \_\_\_\_\_
- DSPS staff return test to my office.  
Bldg/Rm \_\_\_\_\_
- Student returns test to my office.
- Student returns test to my classroom.
- I will pick up the test.
- E-mail to: \_\_\_\_\_
- Fax to: \_\_\_\_\_
- Other: \_\_\_\_\_

\_\_\_\_\_  
Instructor's signature

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