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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