Test Proctoring Form for the Student Access and Disability Services Office
Questions? Contact Julie Sneddon, jsneddon@truman.edu

*5 business days notice in ADVANCE is needed to schedule a proctor and room.*
If the professor schedules a test/quiz and informs students of test/quiz date less than 5 business days ahead of time, please email Julie Sneddon, Director at jsneddon@truman.edu and said professor in the same email (with details) as soon as notified of the test/quiz so arrangements can be secured.

**FACULTY INFORMATION** (please fill out in pen)
Instructor’s Name: _______________________________________  Course/Section: _______________________
Phone #: ____________________________________   Email:  ______________________________________________
Office Address: __________________________________________________
Date Student will take exam: __________________________________ 
Start Time for Exam: _____________
How many standard minutes will NON-Accommodated students be allowed for this test?
____ 50 minutes  _____ 80 minutes  ______other, please specify_________________________________________________

**INITIAL** all allowable instruments/alternate format/accommodations:
____None  ____ Formula/Tables  ____ Calculator  ____ Open Book
____ Open Notes  ____ Scratch Paper  ____Computer
Additional Approved Materials/Special Instructions: _____________________________________________________
________________________________________________________________________________________________

**TEST DELIVERY INFORMATION:** (Check One)
____ Test will be hand delivered to the Student Access and Disability Services Office in PML 109A by 11:30AM 1 business day before the test.
____ Test will be emailed to jsneddon@truman.edu by 12 noon 1 business day before the test.

Signature: ___________________________________________   Date: ________________________________

**STUDENT INFORMATION** (please fill out in pen)
Student’s Name: ________________________________________   Banner ID: __________________________________
I agree to comply with all proctor policies and procedures for test proctoring. I understand that failure to do so may result in losing the privilege of using the proctoring services. 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 Truman State University’s Academic Dishonesty Policy and I understand that any violation of this policy will be reported to the Professor of record.
Currently, my test accommodations include: ___25%+ ___ time and a half (50%+) ___ double time ___ quiet distraction reduced room
____ other, please list ___________________________________ Email: _______________________________

Signature: ___________________________________________   Date: ________________________________

**Office of Student Access and Disabilities Staff Only:**
Total time allotted for the test considering accommodations/standard allowed time: ____________________________
Time Started: _______ Staff Initials: _______ Time Ended: _______ Staff Initials: _______
Test Returned To (Signature Required of Person taking Possession of Completed Exam from OSA Staff):
_____________________________________________   Date/Time: ________________________________
OSA Staff Signature: __________________________________________