**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.

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**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: ___ time and a half ___ double time ___ quiet distraction free room ___ other, please list __________________________________ Email: ____________________________________________

Signature: ___________________________ Date: ___________________________

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**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

___ Assistive Tech (Dragon Naturally Speaking, Jaws)

Additional Approved Materials/Special Instructions: __________________________________________________________

__________________________________________________________

**Test Delivery Information:** (Check One)

___ Test will be hand delivered to the Student Access and Disability Services Office in Kirk Building, RM 114B by 11:30 am the day before the test.

___ Test will be emailed to jsneddon@truman.edu by 12 noon the day before the test.

Signature: ___________________________ Date: ___________________________

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**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: ___________________________