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.

[Form Body]

**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 free room
___ other, please list ___________________________ Email: ___________________________

**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 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: ___________________________

**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: ___________________________