

Test Proctoring Form for the Student Access and Disability Services Office

5 business days' notice in ADVANCE is needed to schedule a proctor and room.

10 business days' notice for Mid-terms& Finals

If the professor schedules a test/quiz & informs students of test/quiz date less than 5 business days ahead of time, please email Julie Sneddon, Director at jsneddon@truman.edu & said professor in the same email (with details) as soon as notified of the test/quiz then turn in proctoring form ASAP, so arrangements can be secured.

****Student it is YOUR responsibility to make sure this form is TURNED in on time-COMPLETED-EARLY is always better.*****

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 scheduled 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.

My approved test accommodations: ___ 25%+ ___ time and a half (50%+) ___ double time ___ quiet distraction reduced room
_____ other, Specify: _____

Email: _____

Signature: _____ Date: _____

FACULTY INFORMATION (please fill out in pen)

Instructor's Name: _____ Course/Section: _____

Email: _____ Office Address: _____

Date of the 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 for all class use/alternate format/accommodations:**

___ None ___ Formula/Tables ___ Calculator ___ Open Book
___ Open Notes ___ Scratch Paper ___ Computer ___ Other: _____

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: _____

OSA Staff Signature: _____

Questions? Contact Julie Sneddon, jsneddon@truman.edu