Proctor Exam Form

To Be Completed By Professor	
Professor Name:	
Office Location:	
Professor's number to call for questions during the exam (required):	

Student Information	
Student's name:	
Course and section number:	
Class time:	

Method For Receiving Exams	
Professor will email exam to disabilityservices@tsc.edu	
Professor will drop off exam to Camille Lightner 101A	
Disability Services staff will pick up exam as instructed by professor	

Exam Information

Open Book	☐ Yes ☐ No	**Online Exam:** ☐ Yes ☐ No	**Password:**	
Class Notes	☐ Yes ☐ No	**Paper Exam**: ☐ Yes ☐ No		
Computer	☐ Yes ☐ No	**Number of pages: _____ Number of questions: _____**		
Formula Sheet	☐ Yes ☐ No	**Test Accommodations**		
Calculator	☐ Yes ☐ No	**Extended time allowed is 1 1/2 times:**	**Hrs.**	**Min.**
Scratch paper	☐ Yes ☐ No	**Scribe exam by Disability Services staff**	☐ Yes	☐ No
Scranton	☐ Yes ☐ No	**Oral exam**	☐ Yes	☐ No
Other (specify)				

Method For Returning Exam	
Disability Services staff will email exam back to professor	
Professor will pick up exam from Camille Lightner 101A	
Disability Services staff will drop off exam where instructed by professor	

For Disability Services Use Only	
Date received exam at Disability Services:	**TEST APPOINTMENT**
Who received or picked up exam:	**Date Appointment was made:**
Proctor	**Date test taken:**
Exam Proctor by:	**Start Time:**
Personal Items put away in locker. ☐ Yes ☐ No	**Ending Time:**
No personal items brought in. ☐ Yes ☐ No	