9931 Willows Road NE, Redmond, WA 98052 | Phone: (425) 558-0299 | Fax: (425) 558-0378 | www.digipen.edu

Proctoring Request Form

The library is open for testing: Monday - Friday, 9:00 a.m. - 6:00 p.m. Exams must be completed by 6:00 p.m. Use this form to schedule proctoring for an exam outside normal class times. Please fill out the form completely.

PART 1 - TO BE COMPLETED BY THE STUDENT

- 1. Complete all of Part 1.
- 2. Have your instructor fill out and sign Part 2.
- 3. Return the form to the Library before the scheduled exam date/time.
- 4. Arrive on time and bring all necessary materials for the exam.

Student Name:	Course:
Student Email:	Make up test
Instructor's Name:	DSS Testing
(For DSS students only.) I need to test alone in a private room outside of the library: If you choose yes, your test will be scheduled in an unused and available classroom on campus moderated by an assigned proctor. You will still check in for your exam at the library on the assigned date and time, and then will be escorted to the assigned classroom with your proctor. Requests for a private room must be turned in at least 3 days before the exam.	Yes No

PART 2 - TO BE COMPLETED BY THE INSTRUCTOR

- 1. Fill out Part 2 completely.
- 2. Provide the exam and any supplementary materials to the library before the exam's start time.
- 3. If a student has a question or observes an error during the exam and is unable to address it with you, we'll let you know. DSS requests that you take these circumstances into consideration when grading the exam.

During the exam, I can be reached via (phone number, email, or location):			
Total amount of time allotted for exam (including any extra time) in hours/minutes:			
Date:	Start Time:		
Test Options (Check all that apply.):			
Graphing Calculator	Open Notes	Student needs scribe	
Scientific Calculator	Note Card/Sheet	Student needs reader	
Computer	Interpreter/Helper		
Spell Checker	Test materials in alternate format		
Open Book	Extra time (please specify how much):		
Scratch Paper	Other (please specify):		
Comments:			
Instructor's Signature:		Date:	



Proctor/Student Verification Form

Fill out this form after the exam is finished. Please fill out the form completely.



Time Examination Finished:

PROCTOR GUIDELINES

To the best of my ability/knowledge:

I verified the student's identity with a photo I.D.

The student did not view the exam prior to taking it.

The student did not use any resources except as noted on the Proctoring Request Form.

The student did not copy down any questions to take from the exam.

The student finished in the allotted time.

STATEMENT OF VERIFICATION

I, the student, hereby verify that I have independently completed this examination under the supervision of my designated proctor. I completed this examination without the use of any books, notes, or items, except those specifically permitted for use during this particular examination. I have completed the exam within the time allotment.

Student Name (Print):

Student Signature:

Date of Examination:

I, the proctor, hereby verify that I have supervised the administration of this examination. The above-named student has completed this examination following all regulations as outlined in the Test Options and Proctor Guidelines.

Proctor Name (Print):

Proctor Signature:

Date of Examination: