

Exam Schedule Request Form

Please use this form to request a schedule for an exam outside of the regularly scheduled class time. Please fill out the form completely. **The library is open for testing: Monday-Friday, 9:00am-5:00pm.**



STUDENT'S RESPONSIBILITIES:

1. Complete Part I of the Proctor Request form completely.
2. Meet with the instructor and fill out Part II together; note exam date and time.
3. Have instructor fill out Part III of the form completely.
4. Ask instructor to sign the form. Student also signs the form.
5. Return the form to the library.
6. Arrive on time for the exam.
7. Bring all necessary materials to the exam.
8. Once the exam is finished, place the exam in the envelope.
9. Fill out the Proctor/Student Verification form.
10. Sign across the seal.

INSTRUCTOR'S RESPONSIBILITIES:

1. Fill out Part II and Part III of the Proctor Request form completely.
2. Provide an exam and supplementary materials to the library.

INSTRUCTOR'S AVAILABILITY:

Please note below your availability to answer student questions during the proctored exam.

In person. I will be available on campus at:

By phone Cell: Office:

By email Email:

PART I To be completed by student.

Student Name: <input type="text"/>	Course: <input type="text"/>
Student Email: <input type="text"/>	<input type="checkbox"/> Make up test
Instructor's Name: <input type="text"/>	<input type="checkbox"/> DSS Testing
(For DSS students only.) I need to test 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART II To be completed by student and instructor.

Total amount of time allotted for exam: <input type="text"/>	Course: <input type="text"/>		
Date: <input type="text"/>	Start Time: <input type="text"/>	Instructor Initial: <input type="text"/>	Student Initial: <input type="text"/>

PART III To be completed by instructor.

Please note that if a student has a question during the proctored exam, or observes a possible error in the exam, and is unable to address it with you during the exam, the assigned proctor will take note of this. This will be communicated to you. DSS Office requests that you take these circumstances into consideration when grading the exam.

General test options (Check all that apply.)		
<input type="checkbox"/> Graphing Calculator	<input type="checkbox"/> Open Notes	<input type="checkbox"/> Student needs scribe
<input type="checkbox"/> Scientific Calculator	<input type="checkbox"/> Note Card/Sheet	<input type="checkbox"/> Student needs reader
<input type="checkbox"/> Computer	<input type="checkbox"/> Interpreter/Helper	
<input type="checkbox"/> Spell Checker	<input type="checkbox"/> Test materials in alternate format	
<input type="checkbox"/> Open Book	<input type="checkbox"/> Extra time (please specify how much):	
<input type="checkbox"/> Scratch Paper	<input type="checkbox"/> Other (please specify):	<input type="text"/>
Comments:	<input type="text"/>	

Instructor's Signature: **Date:**

Student's Signature: **Date:**

Proctor/Student Verification Form

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



Make-up Test DSS Waiver Pre-admissions Testing

Proctor Email:

Time Examination Started:

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 examination prior to taking it.
- The student did not use any resources, unless instructed to in the directions of the examination.
- I did not leave the student unattended at any time during the examination.
- The student did not copy down any questions to take from the examination room.
- The student adhered to the time limit restrictions.

STATEMENT OF VERIFICATION

I, the above-named 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. For preadmissions testing, I understand that cheating on this exam makes me ineligible for admissions to, or continuation at, DigiPen Institute of Technology.

Student Name (Print):

Student Signature:

Date of Examination:

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

Proctor Name (Print):

Proctor Signature:

Date of Examination: