Disability Support Services (DSS)

Exam Proctor Form

Complete this form and include it with all exams proctored in our office. To email the exam, you can find this form at our website http://access.ewu.edu/Disability-Support-Services/Forms.xml please send with the exam to: dss@ewu.edu

Important Note
In order for the DSS Office to ensure academic integrity of your exam, please include this form with instructions. This form provides the DSS Office information regarding materials allowed in the testing space.

Section 1: To be completed by the student

Student Name: __________________________
Course: _________________________________
Date scheduled in DSS Office: ______________
Time scheduled in DSS Office: ______________

Section 2: To be completed by the professor

Name: __________________________________
Office Building: _______ Room/Office Number___________
Time allowed in class for testing: __________________________

Please circle test delivery option: DSS Deliver/Professor Pick up

Initial all allowable instruments in testing space:

_____Calculator  _____Formula/Tables  _____Scratch Paper
_____Computer   _____Open Book        _____Open Notes
_____Additional Approved Materials:_____________________________________
_____________________________________________________________________

For DSS Office Use Only

Start Time ___________  Staff Initials:___________
End Time ____________  Staff Initials:___________
Delivered/Picked up by:__________________________________________

Disability Support Services, 124 Tawanka, 359-6871
Hours: M-F 8:00 a.m. – 5:00 p.m.

Revised 8/2012