Proctored Test Form for ABAC Students with Approved Accommodations

One form must be submitted for each exam. The Student Development Center must receive this proctor service form from the instructor before the requested testing time. Tests will not be given unless the form is turned into the Student Development Center by the instructor. All Exam materials (complete or incomplete) will be turned in to the instructor after the deadline date.

The student is responsible for contacting the Student Development Center to arrange a time to take the exam. The Student Development Center can only accommodate the student’s request for scheduling an exam within regularly scheduled office hours.

ALL READERS AND SCRIBES MUST BE SCHEDULED AT LEAST THREE DAYS IN ADVANCE.

STUDENT INFORMATION: (PLEASE PRINT)

Student Name: ___________________________________________ Phone #: ____________________________

Student Signature: ___________________________________ Date: ____________________________

INSTRUCTOR INFORMATION: (PLEASE PRINT)

Instructor Name: _____________________________________________ Office phone #: ____________________________

Course Name: ___________________________________________ Contact Number: ____________________________

Exam Submission to Testing Center:

☐ Email to kkeen@abac.edu; schatterjee@abac.edu; mmmartin@abac.edu
☐ Hand deliver to the Student Development Center

Exam Type:

☐ Online (access needed)
☐ Paper/Pencil
☐ Scantron

Exam Type: ___________________________________________________________________

Testing Instructions:

Length of class period: ____________________________

Test must be taken by (date & time):

___________________________

(If approved for extra test time, student receives time and half)

Student can use:

Textbook? ☐ Yes or ☐ No
Calculator? ☐ Yes or ☐ No
Notes? ☐ Yes or ☐ No
Scratch paper? ☐ Yes or ☐ No
Other: _____________________________

Return completed exam via:

☐ Inter-Campus Mail ☐ Pick up ☐ Fax Number: ____________________________

Instructor Signature for picking up exam:

□ Instructor waived his/her right to pick up exam

PROCTOR INFORMATION:

Exam Date & Time: ____________________________

Proctor Signature: ___________________________________ Date: ____________________________

Comments: ____________________________________________