Test Proctoring Request Form
Directions: Please fill out and check off the appropriate information below:

Faculty Information
Date Submitted: ______________
Faculty Name: ____________________________ Phone # (______) -
Cell phone # (______) - Email Address: __________________________

Course Information
Math Course: (Circle the Course Number)
34A 38 46 96 104 107 116 119
121 122 141 150 151 252 254 255
CRN: _______________ Class Meets: (Day and time) __________________________

Student Information
(Note all students will be required to present their CSID prior to entering the Math Center)
Student’s Name: ____________________________ CSID ____________ Must take test by: _____________

Test Information
Name of Test: ____________________________ Number of Pages: ___________ Scantron Required? ________
Length of the test:
(Note: Factor in the time extension, if the student requires DSPS accommodations)
Completed test placed in instructor’s mailbox ______ Instructor will pick up test from the Math Center ______ (check one)

Accommodations
(Please check the following that the student will be allowed to have during the exam)
Textbook: _________ Notes: _________ Calculator: ___________________ (Scientific or Graphing?)
Other: __________________________
Special Instructions: __________________________

To be completed by Math Center Staff
Test date: ________ Test start time: ____________ Test completion time: ____________ Proctored by: ____________ (initial)