

Request for Proctoring Services

STUDENT INFORMATION: Please complete all sections.

Students are advised to take the exam on the same date & time as the class unless other arrangements have been made with the instructor.

Student's Name: _____ ID Number: _____

Email Address: _____ Phone Number: _____

Course Name and Number (ex., ACCT. 212): _____

Upon completion of this form by all parties, I understand that I must return this form to the Disability Support Services (DSS) Office to schedule the exam at least **SEVEN (7) DAYS** prior to the exam and **FOURTEEN (14) DAYS** prior to final exams. I am aware that my time will be deducted accordingly in the event that I am late for an exam and my accommodations may be forfeited. If a date or time change is required, I will need to reschedule with my professor and provide the DSS Office with authorization for any changes by the professor. I understand that violation of the Academic Integrity policy will be reported to my faculty member.

Student's Signature: _____ Date: _____

FACULTY INFORMATION: Please complete all sections.

Please keep in mind that we ask all faculty to proctor tests for students whose only testing accommodation is 50% extended time.

Instructor's Name: _____

Email Address: _____ Phone Number: _____

Date Student will Take Exam: _____ Time Student will Start Exam: _____

Total time allowed for exam (excluding extended time): _____

Initial all approved materials/computer programs for the exam:

- | | | | |
|-------------------------------------|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Scratch Paper | <input type="checkbox"/> Computer | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Green Book | <input type="checkbox"/> Open Book | <input type="checkbox"/> Word | <input type="checkbox"/> Scientific |
| <input type="checkbox"/> Scantron | <input type="checkbox"/> Open Notes | <input type="checkbox"/> Excel | <input type="checkbox"/> Graphing |
| | | <input type="checkbox"/> Other _____ | |

Additional approved materials/Special Instructions: _____

Exam Delivery Info: (check one)

- Instructor will deliver the exam to the DSS Office in Daum Hall, Room 208 by 12:00 noon the day before test.
 Instructor will email the exam to dsslmu@lmu.edu. The DSS Office will print and store it until the exam date.
 Student will deliver the exam to the DSS Office in a signed, sealed envelope.

Exam Return: (check one)

- Instructor will pick up completed exam next business day from Daum Hall, Room 208 (8:00 am – 5:00 pm, M-Th 8:00am – 4:00 pm F)
 Student will return exam to instructor. DSS will stamp and sign the sealed envelope.
 DSS will return exam to _____
(Building and Room Number)

Faculty's Signature: _____ Date: _____

REMINDER: THIS FORM MUST BE RETURNED TO THE DSS OFFICE NO LATER THAN SEVEN (7) DAYS BEFORE ALL EXAMS AND FOURTEEN (14) DAYS BEFORE FINAL EXAMS.

DSS Staff Only:

Extended Time: time and a half (50%)/double time (100%)/other _____ Start Time: _____ End Time: _____

Computer Private Room Proctor Other: _____

Staff Initials: _____