

Diversabilities Support Program & Services
Instructor Test Proctoring Request

Exam to be proctored at:
☐ Monterey Park Campus
☐ South Gate Campus

Student Name (Last, First): _____ SID: _____
(If multiple students are testing for the same class, you may list additional students on the back.)

Course: _____ Instructor Name: _____

Test Date: _____ Time: _____ How long is the test for the class? _____

Should we have any questions during the exam, how may we contact you? _____

If the student does not show up for the exam at the date and time scheduled, will he/she still be allowed to take the exam?

☐ No ☐ Yes If yes, when? _____

The student is allowed to use the following:

☐ None ☐ Open Book ☐ Notes ☐ Dictionary ☐ Calculator ☐ Other: _____

After the Test Proctoring services are rendered, please select method of delivery:

☐ Email: _____ ☐ Instructor Pick Up ☐ Mailroom Delivery

☐ DSP&S Delivery (NO CLASSROOM DELIVERY)

(DSP&S Delivery will be no sooner than the following business day after exam completion and requires a 2-hour window for delivery to occur. The last 2-hour window that can be requested is 2pm – 4pm on the date specified.)

Deliver exam on _____ **between** _____ **and** _____
(Date) (Time) (Time)

Instructor Signature: _____ Date: _____

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List additional students below:

Student Last Name:	First Name:	SID #:

OFFICE USE ONLY:

Examination Details:

Student qualifies for: ☐ 50% Extended Time ☐ 100% Extended Time

Check-in Date: _____ Check-in Time: _____ Staff Initials: _____

Time Exam Expires: _____ Check-out Time: _____ Staff Initials: _____

Exam Delivery:

☐ Emailed ☐ Picked up ☐ Delivered to mailroom ☐ Delivered to faculty office Staff Initials: _____

Instructor Signature (Received): _____ Date: _____