REQUEST FOR TEST PROCTORING

FORM MUST BE SUBMITTED AT LEAST THREE (3) DAYS BEFORE YOUR TEST DATE.  Ex. Submit MON for a THURS test

SECTION 1: (TO BE COMPLETED BY STUDENT)

STUDENT’S NAME: ________________________________

ID #: ______________ PHONE #: ________________________

EMAIL: ____________________________________________

CLASS (DEPT. & COURSE #): __________________________

Home Campus:____ Request Test Date:____  Time:____

STUDENT SIGNATURE_________________________________ DATE __________________________

TEST INFORMATION AND ALLOWANCES (TO BE COMPLETED BY CLASS PROFESSOR OR AUTHORIZED STAFF ONLY) Please circle one: TEST QUIZ

TESTING DATE: (Multiple dates are permissible. Testing date does not have to be on the same day as the class)

TEST 1 ____________ TEST 2 ____________ TEST 3 ____________ TEST 4 ____________

TEST TIME-LENGTH (For Class): ______________ AGREED START TIME FOR TEST: ______________

WRITE Y OR N (YES or NO) BY EACH PART DENOTING WHAT MAY BE ALLOWED OR NEEDED FOR THE EXAM:

___ Time may be changed by the student with the SDRC (The date cannot be changed without written approval from Prof.)

___ Calculator (specify type, if necessary). Student must supply own calculator.

___ Internet Access   ___ Open Book   ___ Open Notes   ___ Other (scratch paper, etc.)

___ TA Present during exam

NOTES (Special Instructions for exam) __________________________________________________________

SECTION 3: TEST ARRIVAL & RETURN INSTRUCTIONS (To be filled out by Professor)

TEST WILL BE DELIVERED BY: __________________________ TEST WILL BE PICKED UP FROM THE SDRC VIA: __________________

___ Professor or TA to the SDRC   ___ Professor or TA will pick up exam

___ Professor or TA will email test  ___ SDRC will scan and email exam back

to sdrc@cuc.claremont.edu      ___ Student will return exam  (in sealed envelope)

EXPECTED DATE OF ARRIVAL: ______________ EXPECTED DATE OF PICK-UP: ______________

SECTION 4: PROFESSOR CONTACT INFORMATION:

PROFESSOR NAME: ______________________________ PHONE/CELL # __________________

SIGNATURE: ___________________________ EMAIL: ____________________________

TA or authorized representative’s name (if different than Professor) ____________________________

RVSD: 1/2017
GUIDELINES WITHIN THE REQUEST

• The SDRC will not assist with Testing Accommodations if the student is not registered with the Disability Coordinator on their home campus for the semester in which accommodations are being requested.

• Accommodations will be verified to ensure that they are currently approved for the student. Our computers are only for those approved for a word processor as an accommodation. Other students may have their own laptops that could be used in class or with the SDRC if approved by faculty.

• Student agrees with their signature that they will comply with the guidelines within this form and those established by the SDRC and their home campus Disability Coordinator. Student also promises that the work performed at the SDRC will be conducted with complete academic honesty with the aim to provide appropriate respect and concern for the test and testing accommodations provided. Any attempts to cheat or abuse academic trust will be reported.

• The professor or authorized TA/Staff should indicate the date/s that the student will take the test/s. This can be different than the date the rest of the class is testing. More than one test can be scheduled using this form so long as the tests are for the same class. Please list the separate test dates and understand that each date may have a different start time and length.

• When agreeing on a start time, please remember that testing with the SDRC must occur between 8am and 5pm, Monday-Friday. Please also consider how extended time may conflict with this and other courses taken by the student.

• Indicate the standard length of time (STD) that the class will have to complete the exam. This is the length used to calculate how long the SDRC student will have to test (1.5 times the STD, 2 times the STD, etc.) The SDRC will only proctor for a fixed amount of time based on our calculation.

• Please check the boxes that correspond with what you agree to allow the student to have access to. These aids should be fair and consistent with what other students in the class would be permitted to have access to.

• It is important for the SDRC to know how the exam is going to arrive to and leave our office. If the student is going to bring the exam in a sealed envelope, please arrange a time and location for the student to pick up the exam and agree on a start time that allows for transportation time to the SDRC. For instance, if a student is picking up an exam at 1pm before coming to the SDRC, then a 1:15-1:30pm start time is reasonable. For the returning of exams, we ask students to leave the exam with our office whenever there is uncertainty as to where the exam should be delivered, especially when the offices may be closed.

OTHER GUIDELINES AND THINGS TO KNOW

• The SDRC asks that students arriving late have permission from their professor/TA.

• All changes to scheduled exams must be approved by all parties.

• This form is an agreement between the PROFESSOR and STUDENT. The SDRC will administer exams according to the information established on this form.

Thank you for reading these guidelines. Please contact the SDRC if you have any questions.