

TEST PROCTOR FORM

University Testing • Arkansas Tech University

Student Name _____ EXAM TYPE _____
Course # _____ Section # _____ Paper Based
Computer Based
Professor Name _____ Password: _____

ACCOMMODATIONS

Disability Accommodation _____ Instructor Accommodation _____
Rationale for Accommodation _____
(Required for Instructor Accommodation)

TEST DELIVERY *(Note: Examinee may not deliver exam; no campus mail)*

Instructor/Designated Drop-off _____ Email (utds@atu.edu) _____ Fax (968-0375) _____

TEST WINDOW SCHEDULED CLASS TIME _____

Student may begin test no earlier than:

Date _____ Time _____ a.m. p.m.

Student must end test no later than:

Date _____ Time _____ a.m. p.m.

Standard time given for this exam: _____ *(How long do other students have to complete this exam?)*

ALLOWED TESTING TOOLS

Notes _____ Calculator _____ Ruler _____ Dictionary _____ Translator Software _____ Extra Time _____
3x5 Index Card _____ Spell Checker _____ Textbook _____ Formula Sheet _____
Other: _____

TEST PICKUP *(Note: Examinee may not return exam; no campus mail)*

Instructor/Designated Pickup _____ Return by Disability Services _____
Professor Preferred Contact # _____
