DEPAUW UNIVERSITY
STUDENT DISABILITY SERVICES

EXAM PROCTORING FORM

Student Name (please print): ________________________ Professor: ________________________ Course: ________________________

Date of Exam: ________________________ Day of Exam: M T W TH F Time of Exam: __________ Accommodation: ADA or Temporary

Is the date and time of this proctoring request the same time as when the remainder of the class will be taking the exam with the listed professor? Yes / No (If No, flexible scheduling of exams is not routinely allowed, and will only be considered with approval from the professor, in cooperation and agreement with The Director of Student Disability Services).

To Schedule An Exam To Be Proctored by Student Disability Services The Following Timelines Must Be Followed:

To schedule an exam to be proctored on: The proctoring form should be submitted to SDS on or before:

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** TO BE COMPLETED BY PROFESSOR**

Receipt of Exam
O Professor will personally deliver exam to Student Disability Services (Memorial Student Union Building, suite 200).

O Professor will mail exam in the campus mail to: Pamela Roberts and /or Mishelle Malayer; Memorial Student Union Building, suite 200.

O Professor will email exam to: Pamela Roberts and /or Mishelle Malayer

Completed Exam
O Professor will personally pick-up exam from Student Disability Services (Memorial Student Union Building, suite 200.)

O Professor requests exam to be delivered to: ______________________________________

Exam Accommodations For This Student As Specified On The "ADA Letter of Accommodation:" (Circle all that apply):

*Extended Time 1.5 2.0 *Distraction Limited Environment Allow typewritten responses Avoid Scantron Response Form

*Responses to be generated with a dictation program **Orally Proctored **Exam contains a timed slide or audio that must be individually proctored

**Flexible scheduling of this accommodation may be needed, contact Pamela Roberts to make special arrangements.

PROFESSOR AUTHORIZATION: "CHECK" TO AUTHORIZE ANY OF THE FOLLOWING ITEMS

Restroom breaks: Yes ____ No ____ Extra paper: Yes ____ No ____ (if yes, only paper provided by professor or SDS will be allowed in test room).

Dictionary: Yes ____ No ____ Calculator: Yes ____ No ____ (If yes, please specify__________________________)

Open notes/formulas: Yes ____ No ____ (If yes, please specify__________________________) Open book: Yes ____ No ____ (If yes, please specify__________________________)

Spell Check: Yes ____ No _____ Personal Laptop: Yes____ No ____ Internet Access: Yes ____ No ____

Additional instruction or notes: ________________________________________________________________

If clarification is needed or questions answered during exam, how can we best reach you?

Cell Phone: ________________________ Email: ________________________ Text Message: ________________________ Office Phone: ________________________

Professor’s Signature: ________________________ Date: ________________________ Office location (Building and office number): ________________________
STUDENT DISABILITY SERVICES EXAM INTEGRITY AGREEMENT

- No snacks will be permitted in the testing room. Snacks will be held in the front office.
- No heavy jackets, coats, hats, or cumbersome outerwear will be permitted in the testing room.
- No cell phones or electronic devices allowed in the testing room. You will be required to check all electronic devices in with the office.
- No backpacks, purses, etc. will be permitted in the testing room. You will be required to check your bags with the front office prior to entering the testing room.
- The only materials permitted in the testing room are: those provided by the professor; items specified by the professor on the completed “Exam Proctoring Form”; and/or materials provided by SDS at the request of the professor.
- If items that are not specified as permitted by SDS or the professor are discovered during the exam proctoring session, the specific non-permitted items will be collected by the exam proctor and reported to The Student Disability Services Director. The Student Disability Services Director will communicate the violation of procedure to the professor, and will return the non-permitted item or items to the professor, along with the completed exam, for further examination.
- Students must arrive at or before the time of the scheduled exam. Failure to arrive on time could result in the exam being returned to the professor, or time deducted from the total amount of time allotted to complete the exam. All late arrivals and missed exams will be reported to The Student Disability Services Director, who will notify the professor.
- Restroom breaks are not allowed without the permission of the exam proctor, and will be closely supervised.
- Once a student has entered a testing room, and the timer started, the timer will not be stopped for restroom breaks, snack breaks, etc.
- A Student Disability Services proctor may enter the test room at any time to perform a random integrity check.
- Students are not permitted to leave The Office of Student Disability Services once the exam begins.

Student Disability Services is dedicated to maintaining the highest academic integrity possible in the test-proctoring environment. My signature below indicates that I understand this dedication to academic integrity and will follow the guidelines specified by my professor on the front of this form, as well as DePauw University’s general Academic Integrity rules, and The Student Disability Services Test Integrity Agreement listed above. I understand The Test Integrity Agreement is for my protection, as well as to ensure the exam remains uncompromised. I further understand that failure to follow these guidelines will be reported immediately to The Director of Student Disability Services, who will then file a report with my professor. If my professor and The Student Disability Services Director determine that there has been a violation of The Test Integrity Agreement, the result could disciplinary action against me by the university.

Signature: __________________________   Date: __________________________

Proctor: __________________________   Date: __________________________

PROCTORING SUMMARY

Name of Proctor: __________________________   Total Amount of Time Allowed to Student For This Exam: __________________________   Test Room __________________________

Exam Start Time: __________________________   Exam Completion Time: __________________________   Total Time Utilized For This Exam: __________________________

ADDITIONAL NOTES BY SDS DIRECTOR

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Pamela Roberts, Director of Student Disability Services
Memorial Student Union Building; 408 S. Locust Street, suite 200
PHONE: 765-658-6267; FAX: 765-658-4021 FAX