

OFFICE USE ONLY Day of Exam _____ Time of Exam _____

Checked ID#

Special Instructions: _____



Where leaders are made

EXAM Proctor Hours for Fall & Spring Semesters:
Monday - Thursday • 8am-7pm — Friday • 8am-5pm
 Accommodations may be made in advance (three working days) if an exam does not fall within the regular hours.

Make Up Proctor Checklist Disability Support Services
 Old Main • Room 004 • (716) 888-3748

Section I — Student

Student is responsible for filling out Section 1 • Student must bring picture ID to test

Student Name _____ ID Number _____

Course Abbreviation & Number _____ Quiz Test Mid-Term Final

Professor Name _____

Original Scheduled Date of Test _____ Day of the Week _____ Time _____

Test is scheduled at the same time as the class

Request to change the date/time of the test New Date/Time _____

Reason for change _____ Professor's Initials _____
 (Permission and signature by the professor is required for a change in date/time.)

Section II — Professor

Faculty Section — Please check the items that apply to the test

ALLOWED FOR TEST:		ANSWER PROVIDED ON:
Yes	No	<input type="checkbox"/> Test directly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Blank Paper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Blue Book
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DSS Lined Paper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Scan Tron <input type="checkbox"/> Blue <input type="checkbox"/> Green
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other _____
<input type="checkbox"/>	<input type="checkbox"/>	
_____ Number of pages in test		_____ Time allowed for test in classroom
Special Instructions _____		
If student does not show to take the test: <input type="checkbox"/> shred <input type="checkbox"/> hold in office for pick up		
Faculty Signature _____		Contact Phone _____ Date _____

Section III

Method of Returning Test (NO mailbox deliveries)

Faculty pick up in DSS

DSS will deliver to Professor's Office Location _____

DSS will deliver to Departmental Office Location _____

US Mail *(a copy of the test will be locked in a secure place until received. Please call DSS when test is received and the copy will be destroyed.)*

Other Special Instructions for Delivery: _____

Please drop off completed proctor form with the test prior to the Disability Support Services Office located in Old Main 004, if you have any questions or need further information — please contact DSS at 888-3748. Thank You.

Student Name _____

Room _____ Has Until _____ am/pm to complete test

RECEIVED TEST IN DSS

_____/_____/_____
Date

_____:_____ am/pm
Time

Initial

- Review method of return and available checklist with professor
- Put in grey and red stripe confidential envelope
- Seal envelope and clip proctor sheet to it

Confirm Corporate Time

Initial

TEST STARTED

_____/_____/_____
Date

_____:_____ am/pm
Time

Initial

- Clip proctor sheet to correctly labeled delivery envelope
- Write test in the DSS Daily Log Sheet

TEST FINISHED

_____:_____ am/pm
Time

Initial

- Place, stamp (confidential), and seal in labeled delivery envelope

TEST DELIVERY

_____/_____/_____
Date

_____:_____ am/pm
Time

Initial

- Have proctor sheet signed by professor or person receiving the test
- Place proctor sheet in the completed folder once test has been delivered
- Initial the DSS Daily Log Sheet

Delivered to Professor's Office • Location: _____
Signature confirming delivery _____

Delivered to Departmental Office • Location: _____
Signature confirming delivery _____

Picked Up by Professor
Signature confirming pick up _____

US Mail

Copies Made

_____/_____/_____
Date

Initial

Sent

_____/_____/_____
Date

Initial

Delivery Confirmation

_____/_____/_____
Date

Initial

Shredded

_____/_____/_____
Date

Initial

TEST INPUT

System Input

_____/_____/_____
Date

Initial