Testing Proctor Form: ☐ Accessibility Support ☐ Make-Up

Student ID Number ___________________________ (Student must bring picture ID to test)
Student: Last Name ___________________________ First Name ___________________________
Course Abbreviation & Number ___________________________ ☐ Quiz ☐ Test ☐ Mid-Term ☐ Final
Professor Name ___________________________

FOR STUDENTS REGISTERED WITH ACCESSIBILITY SUPPORT
Date of Test ___________________________ Day of the Week ___________________________ Time ___________________________
☐ Test is scheduled at the same time as the class
Based on your documentation & academic accommodations, please check if you are eligible for/will be using one of the following: ☐ Computer ☐ Scribe ☐ Reader
☐ Other ___________________________
☐ Request to change the date/time of the test
Reason for change ___________________________
Professor’s Initials ___________________________
(Permission & signature by the professor is required for a change in date/time.)

FOR STUDENTS REQUESTING A MAKE UP EXAM
Date of Test ___________________________ Day of the Week ___________________________ Time ___________________________

Faculty Section - Please check the items that apply to the test
ALLOWED FOR TEST:
Yes ☐ No ☐
☐ Notebooks/Handouts
☐ Text Book
☐ Calculator (supplied by proctor site)
☐ Scrap Paper (provided by proctor site)
☐ Hard copy Dictionary (provided by proctor site)
☐ Other ___________________________ ☐ Number of test pages ___________________________

TIME ALLOWED for test in classroom ___________________________

Special Instructions ___________________________
If student does not show to take the test: ☐ shred ☐ hold in office for pick up
Faculty Signature ___________________________ Contact Phone ___________________________

Method of Returning Test (NO mailbox deliveries)
☐ Professor pick up in General Proctor Site (OM 317)
☐ General Proctor Site will deliver to office: ☐ Professor ☐ Departmental — Location ___________________________
☐ Scan and E-mail (please print e-mail address): ___________________________
Please advise how would you like the original completed exam to be handled after you have confirmed that the e-mail/exam has been received:
☐ Deliver Original Copy to Departmental Office ☐ Pick Up Original Copy ☐ Shred Original Copy

Please drop off completed proctor form with the test to the General Proctor Site located in Old Main 317.
If you have any questions or need further information, please contact Sierra Bonerb at (716) 888-2485 or by e-mail at rapones@canisius.edu.

Test Proctor Hours for Fall & Spring Semesters: Monday-Thursday • 8am-7pm — Friday • 8am-3pm
Test Proctor Hours for Intersemester & Summer Hours: Monday-Friday • 9am-3pm
(Arrangements need to be made in advance — Please no walk-ins.)
<table>
<thead>
<tr>
<th>Section</th>
<th>Instructions</th>
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<tbody>
<tr>
<td><strong>Exam # ______________________</strong></td>
<td><strong>Student Name</strong></td>
</tr>
<tr>
<td><strong>Room _________________________</strong></td>
<td><strong>Has Until _______ am/pm to complete test</strong></td>
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**RECEIVED TEST IN OM 317**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Initial</th>
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<td>__<em><strong>:</strong></em></td>
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- Write exam in general intake log
- Review method of return and available checklist with professor
- Put in gray and red stripe confidential envelope
- Seal envelope and clip proctor sheet to it

Confirm:  
- Google Calendar _____ Initial  
- Testing Materials _____ Initial  
- Number & Log in Book _____ Initial

**TEST STARTED**

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<th>Time</th>
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<td>__<em><strong>:</strong></em></td>
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- Clip proctor sheet to correctly labeled delivery envelope
- Write test in the Daily Log Sheet
- Please indicate if the student needed to stop the exam for any reason:
  - Ask the General Proctor Site Staff for clarification on a question or direction
  - Call the professor for clarification on a question or direction
  - Use the rest room (escorted by a proctor)
  - Other ________________________________

**TEST FINISHED**

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<tr>
<th>Time</th>
<th>Initial</th>
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<td>__<em><strong>:</strong></em></td>
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- Place, stamp (confidential), and seal in labeled delivery envelope

**METHOD OF RETURN**

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- 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 General Proctor Site 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____________________________________________

Scan & Email

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Shredded

<table>
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<tr>
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**TEST INPUT**

- System Input

<table>
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**Updated: 1/16**