



DSP&S TEST PROCTORING FORM

Student:

Instructor:

Course:

To be completed by DSPS:

Test Appt. Date:

Test Appt. Time:

To be completed by Instructor:

Class Test Date:

Class Test Time:

Student May Use:

Textbooks

Dictionary

Notes

Scratch Paper

Tables/Charts

Other: _____

Calculator: (Please Specify)

Graphing (non-CAS, i.e., TI-84)

Graphing (CAS, i.e., TI-89, TI-92)

Scientific (non-graphing)

4 Function (+, -, x, ÷)

Special Instructions: _____

Length of time **CLASS** will have to take the test: _____

- You or your student may deliver the test **and** the test proctoring form to the DSPS office (Room 110) or the DSPS Testing Center (Room 692F, near parking lot 5).
OR
- You may place the test **and** the test proctoring form in the Disabled Student Services mailbox in the mail room.
OR
- You may submit **both** the test **and** the test proctoring form electronically using the **Submit** button.

If you have any questions, please call the DSPS Testing Center (x7120).