

Accessibility and Disability Services
Proctor Sheet

It is the STUDENT'S responsibility to return the completed proctor sheet to the Accessibility and Disability Service Testing Center in the Indigo House a minimum of 5 BUSINESS DAYS prior to test administration. ***(PLEASE PRINT THE FOLLOWING AS NEAT AS POSSIBLE)***

_____ Student's Name	_____ Students E-Mail	_____ Cell Phone #
_____ Course Name & Number	_____ Course Instructor/Office ext. (First and Last Name)	_____ Class Period (ex. MWF 12:50pm)

INSTRUCTOR: Please answer all questions below. If you have any questions, please call (843) 349- 2341.

1. When is the student allowed to take the exam? (Choose *specific* date & time)

a) Student **MUST** take the test at the same date and time of the class period.

Circle One: M, T, W, Th, F

Date: _____ Time: _____

b) Student **MAY** take the test at any time on the same day of the scheduled test.

Circle One: M, T, W, Th, F

Date: _____ Time: _____

c) Student **WANTS** to take the test

Circle One: M, T, W, Th, F

Date: _____ Time: _____

2. Please check how you are planning to **deliver** the exam and how would you like for it to be **returned**?

Exam Delivery

Email to kwilson1@coastal.edu

Fax to (843) 349- 5042

Instructor/Department Designee Drop Off

Exam Return

Instructor/Department Designee Pick-Up

Sent via campus mail to: _____ (Bldg/Office#)

3. Is the student allowed extended time on the exam? **If yes**, please indicate.

Extended time allowed for the exam: _____ min

Total time allowed for the exam: _____ (**required**)

4. Please check all the tools the student is permitted to use on the exam. If the student is **not** allowed to use any source, please select **none**.

Use of **Computer** Permitted

Use of **Textbooks** permitted

Use of **Calculator** permitted

Use of **Thesaurus** permitted

Other (specify: _____)

None

Any specific instructions: _____

5. Please **sign** stating that the information provided above is correct.

INSTRUCTOR'S SIGNATURE: _____

