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 Kearns Hall 106 a minimum of 5 BUSINESS DAYS prior to test administration. ***(PLEASE PRINT THE FOLLOWING AS NEATLY AS POSSIBLE)***

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Students E-Mail</th>
<th>Cell Phone #</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Name &amp; Number</th>
<th>Course Instructor/Office ext.</th>
<th>Class Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(First and Last Name)</td>
<td>(ex. MWF 12:50pm)</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

INSTRUCTOR: Please answer all questions below. If you have any questions, please call (843) 349-2503.

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**?

<table>
<thead>
<tr>
<th>Exam Delivery</th>
<th>Exam Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email to <a href="mailto:disability@coastal.edu">disability@coastal.edu</a></td>
<td>Instructor/Department Designee Pick-Up</td>
</tr>
<tr>
<td>Fax to (843) 349-5042</td>
<td>Sent via campus mail to:__________ (Bldg/Office#)</td>
</tr>
<tr>
<td>Instructor/Department Designee Drop Off</td>
<td></td>
</tr>
</tbody>
</table>

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: ____________________________________ Date: ____________________
OFFICE USE ONLY:

Date Test Received: ________________________  Date Test Taken: ______________________________

Time Test Started: _________________________  Time Test Completed: _________________________

Proctor’s Signature: ________________________  Student’s Signature: __________________________

NOTES:
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