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.   Class Period
(First and Last Name)             (ex. MW F 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?

<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: ________________________________________________________