A.R.C. TEST PROCTORING FORM

Student: _____   **Instructor**: _____   **Course**: _____

To be completed by the A.R.C.:

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 (+, —, ×, /)

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 A.R.C. Testing Center, Room 60-121.
OR You may place the test **and** the test proctoring form in the Accessibility Resource Centers mailbox in the mail
room. OR You may submit **both** the test **and** the test proctoring form electronically using the **Submit** button.

==Due to the high volume of test proctoring services, we require receipt of your exam 24 hours in advance. Failure to comply with this request will result in the need for your student to reschedule their test appointment 1 week out from the original exam date.==

If you have any questions, please call the A.R.C. Testing Center (**x7120**).

| Reset Form | | Submit by E-mail |