

# CSP Disability Services Exam Proctor Sheet

## Professor/Instructor Please Fill Out Exam/Quiz Information

Student Name:

CRN:

Subject:

Course &  
Section No.

Course Name:

Faculty Name:

Phone:(Cell and Ext.)

Amount of time class receives  
for exam/quiz:

min

Date & time class takes exam : .....

Did the student receive professor permission to take this exam/quiz on a different date/time than the class? Yes: .....No: .....

If yes, date(s)/time permitted:

Allowed in Testing Room:    Nothing:    Tables:    Formulas:    Computer:    Other:

Completed Exam(s): Pick

up exam from DS

DS deliver exam to Dept.

Other

Calculator

Book(s)

Notes

Scantron

Type:

Color Preference:

Exam/Quiz Instructions:

### *DS Office Use Only*

#### Student Testing Policy

I will NOT remove any testing materials from the testing room and NOT disclose (in whole or in part) any exam questions or answers to anyone who has not taken this exam. This disclosure includes anything in oral or written form. I also will NOT cheat in any manner while taking this test. If I am seen cheating my test will be immediately taken from me and my professor notified of the situation.

I recognize and acknowledge that violation of this agreement could result in disciplinary action including, but not limited to, the following penalties: suspension, expulsion, transcript annotations.

(See Code of Conduct; Article IV, Section A and Article VII, Section E)

I understand that testing rooms will be monitored and recorded by a closed-circuit video system.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_