



Request to Proctor Test

Please complete this form in full, attach the exam(s) and deliver to **BS-104** for proctoring.

The completed exam(s) will be returned to your office mailbox, please allow 2 days for delivery.

Student(s):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Information:

Instructor: _____ Course: _____

Test date (day class takes test): _____ Test title: _____

First day to take (if different from test date): _____

Last day to take: _____ Time allowed **in class**: _____

Instructor E-mail: _____ Instructor Phone: _____

Open Book: YES NO Explain (if necessary) _____

Open Notes: YES NO Explain (if necessary) _____

Calculator: YES NO Explain (if necessary) _____

Scratch Paper: YES NO Explain (if necessary) _____

Scantron: YES NO Explain (if necessary) _____

Does the exam need to be converted to an Alternate Format? YES NO

Braille Large Print Audio Screenreader Other: _____

Additional Instructions: _____

Instructor's Signature: _____ Date: _____

For assistance please contact DSP&S at 916-691-7275 or crc-dsps@crc.losrios.edu

OFFICE USE: Proctored by: _____ Date: _____

Updated 8/16