Proctor Form

CLT Staff Use Only

Date Received:

Center for Learning and Teaching

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| **Exam Information****(To be completed by the Instructor when exam is delivered to the Center)**  |
| **Student’s Name(s):**       | **CMU ID Number**:      |
| **Instructor’s Name**:        | **Contact Number:**       \*In case we need to contact you while the student is taking the exam. |
| **Course Name**:       | **Course Number**:       |
| **Reason for taking exam in the Center:**[ ]  Make-Up Exam[ ]  Completing Early[ ]  Accommodations Requested[ ]  Other (specify):       | **Accommodations Requested:**[ ]  Extended Time/ Testing in a Quiet Place[ ]  Reader/Scribe[ ]  Enlarged Text[ ]  Other (specify):       |
| **Exam Open Date** (*earliest day and time exam can be completed*)**:** **Exam Expiration Date** (*last day and time the exam can be completed*)**:**  |
| **Time Allotted:**       **\*\*Note:** *Please provide total time allowed IN CLASS to complete the exam. We will adjust the time for students who qualify for accommodations.* |
| **Online Exams:** [ ]  **Canvas** *Exam Name / Number:*       **Password**:       [ ]  **On-Line**  *Site* *Name / Name of Exam*:       **Password**:        [ ]  Exam Accesses Only [ ]  Online Textbook [ ]  Other:       |
| **Resources Needed** (*in addition to the exam*)[ ]  Scranton Sheet [ ]  Notebook Paper [ ]  Computer [ ]  iPad **(Only if Apple Pencil is needed!)**[ ]  Other       | **Allowed Resources/ Materials:** (*Check all that apply*)☐ Index/ Formula Card ☐ Course Textbook ☐ Calculator**:** ☐ Any • ☐ Basic • ☐ Graphing • ☐ Scientific ☐ Notes (specify in ‘Other’ below)☐ Other:  |
| **Exam Return Method:**  [ ] Instructor Pick Up  |
| [ ]  Delivered (***When Available*** *by CLT Work-study*) • Office Location and Number:       |
| **To be completed by the Proctor** |
| Date Completed: | Room: | Start Time: | End Time: |
| Return/ Pick Up by: | Date Returned: |
| **Attach to Completed Exam** |
| Student Name (s):       |
| Professor:       Return Method:Course #: Date Completed: |