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: | | | | |