

# Disability Services Exam Proctoring Information Sheet

Instructor: \_\_\_\_\_

Course: \_\_\_\_\_

Student Name: \_\_\_\_\_

Testing Information/Guidelines:

Length of time other students (without accommodations) have to take exam? \_\_\_\_ hours \_\_\_\_ minutes

Notes permitted? Y or N (circle one)

Dictionary permitted? Y or N (circle one)

Calculator permitted? Y or N (circle one)

Extra scratch paper permitted? Y or N (circle one)

Additional Notes:

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