

Test Proctor Form
Danville Area Community College-Testing Center

Please add student's name below or send a class roster.

Instructor: _____ **Course:** _____

Does your student receive accommodations through Disability Services? Yes No

Student (s)

Exam Date: Start Date _____ **End Date** _____

(Test will be shredded after end date unless otherwise indicated)

- Student will make their own appointment
- Or**
- Instructor will make an appointment

Appointment Date: _____ **Appointment Time:** 9:00 11:00
 1:00 3:00

- Items students may use:**
- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Notes | <input type="checkbox"/> Calculator (4 funct) | <input type="checkbox"/> Scan-tron |
| <input type="checkbox"/> Note Card | <input type="checkbox"/> Calculator (scientific) | <input type="checkbox"/> Essay Paper |
| <input type="checkbox"/> Books | <input type="checkbox"/> Lockdown Browser | <input type="checkbox"/> Web Cam |
| <input type="checkbox"/> Blackboard | <input type="checkbox"/> Time Limit: _____ | |

Exams will be: Returned

- Instructor Pick Up
- Campus Mail
- Will not need exam returned
- Email _____
- U.S. Mail (Registered) Address: _____

Other comments/special instructions: _____

