

# MEREDITH

COLLEGE

## TEST PROCTORING FORM

### Contact Information

_____	_____	_____
Student name	Student phone number	Student e mail address
_____	_____	_____
Instructor name	Instructor phone number	Instructor e mail address
_____	_____	_____
Course name	Instructor office/building	Instructor contact during test

### Test/Exam Scheduling

Test Date & Time	Instructor's Signature	Proctor Date & Time	Proctor Location	Date test received	Date test returned	DS Staff Signature

- \_\_\_\_\_ Student takes the test/exam at the same time as class is scheduled.
- \_\_\_\_\_ Student may take the test/exam at a different time or date per scheduling availability in DS office. **All tests proctored by DS must be scheduled during business hours (Monday through Friday 8:00a-5:00pm).**

### Permitted Testing Materials

Items student may use during test time

	Yes	No
Notes		
Book(s)		
Computer		
Dictionary		
Electronic Speller		
Scrap Paper		
Formula Sheet		
Calculator		
Other		

**Any additional comments**

### Test Delivery and Return (Instructors are responsible for delivering all test to DS.)

- \_\_\_\_\_ Instructor will pick up test from DS office
- \_\_\_\_\_ DS will return test to instructor's office

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Instructor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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