CLASS PROCTORING REQUEST

To be filled out by the instructor and provided to the Assistant to the Associate Dean (PDCproctoring@csusb.edu) at least four (4) days before the date of the proctored exam.

Please also provide enough copies of the exam to be distributed to the students enrolled in the course to the Office of the Associate Dean at least two (2) days before the date of the proctored exam.

PLEASE PRINT ALL INFORMATION

Quarter: □ Fall  □ Winter  □ Spring  □ Summer  20___
Course: ____________________________  Exam Date & Time: ____________________________
Exam Time limit: _____ hours + _____ minutes

Is this class Distance Learning? □ Yes  □ No

Do you need in-person monitoring for the entire, or any part of, the exam session? □ Yes  □ No
If YES, please explain what part of the exam session in the special instructions below.

Do you only need exam distribution and collection? □ Yes  □ No

Instructor: ____________________________  Phone: ____________________________
Email: ______________________________________
Date/Time by which the exam should be returned to instructor: ____________________________

Please note that the exam will be returned to you through your campus mailbox in RG 213 if the course is non-DL and through the campus courier if the course is DL, unless otherwise noted in the special instructions below.

Supplies needed by students for testing (please check all that apply):
□ Scantron (please select type needed)
□ 882E (green) □ F-288 (red) □ 3042 (blue)
□ Blue Book  □ Other (please specify): ______________________________________

Items students are allowed to use during testing (please check all that apply):
□ Nothing  □ Notes  □ Scratch Paper  □ Book
□ Calculator  □ Other (please specify): ______________________________________

Any special instructions? Please note below.
____________________________________________________________________________________
____________________________________________________________________________________

Instructor Signature: ____________________________  Date: ____________________________

Exam was proctored by: ____________________________

Proctor Signature: ____________________________