STUDENT PROCTORING REQUEST

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

PLEASE PRINT ALL INFORMATION

Student: _____________________________________  Student I.D. #: __________________

Instructor: ___________________________  Phone: ___________________________

Quarter:  □ Fall  □ Winter  □ Spring  □ Summer  20___  Course: ________________

Time limit: _____ hours + _____ minutes  Date by which test must be taken: ______________

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, 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: __________________________

Student Signature: ___________________________

(To be signed at the time of exam completion.)

Exam was proctored by: ___________________________

Proctor Signature: ____________________________

Proctor Use Only

Exam Date: ______________
Time Began: ______________
Time Ended: ______________
Date & Time Returned: __________________

Office Use Only

Date Request Received: ______________  Date Exams/Materials Received: ______________