

DISABILITY SERVICES EXAM PROCTORING FORM

110 Holmes Hall

advising@iwu.edu

p. 556-3231

Disability Services can proctor exams for students who are eligible for exam accommodations under the American Disabilities Act (ADA, 1990). A student is entitled to take the same exam as other students in the course, even when requesting exam accommodations.

- The student is responsible for working with their professor to have the Exam Proctoring Form completed.
It is recommended that all exams needing to be proctored for the semester are listed on one form.
This form is due to Disability Services at least 2 business days before the exam is to be proctored.
Proctoring hours are Monday - Friday, 8:00am - 4:30pm.

Student To Complete This Portion

Student's Name: Student's Email:

Course: Day(s)/Time of course:

The instructions below will be used for all exams listed; a separate form must be submitted if the instructions vary by exam.

1. Date(s) and time(s) requested for proctored exam(s):

Blank lines for entering exam dates and times.

2. Length of time allotted for the class* to complete the exam(s):
(*If applicable, Disability Services will adjust the time appropriately for the student's approved accommodation.)

3. If the student is not finished at the end of their allotted time, is s/he allowed additional time?

Yes (if yes, how long? :) No

4. If the student arrives to the exam late, and proctoring staff is available, the student is still allowed to have his/her entire time period:

Yes No (the student must forfeit the time missed)

5. Manner in which Disability Services will receive exam(s):

Dropped off to Holmes 110 by professor Campus mail
Student will bring Emailed to advising@iwu.edu

6. Manner in which Disability Services should return exam(s):

Picked up in Holmes 110 by professor Scanned/emailed to professor
Campus mail (include office location)

7. Please check any item(s) the student can use in the exam(s) besides a writing utensil:

Extra paper Blue book(s) Notes Books
Calculator Other:

8. Professor's Printed Name: Office Location:

Email: Phone Number:

Professor's Signature: Date:

Professor Must Complete 2-8