

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: _____

Proctor Use Only

Exam Date: _____

Time Began: _____

Time Ended: _____

Date & Time Returned: _____

Office Use Only

Date Request Received: _____ Date Exams/Materials Received: _____