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: _____