

**PLEASE INDICATE IF THIS PROCTOR SHEET IS TO BE USED ALL SEMESTER LONG**  NO  Yes

**PLEASE FILL OUT AND RETURN THIS FORM TO DISABILITY RESOURCE CENTER ST 206G**

**EXAM PROCTORING CHECKLIST  
DISABILITY RESOURCE CENTER ~ SOUTHERN UTAH UNIVERSITY**

Student Name: \_\_\_\_\_ Semester (ex.Fall2019) \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Class (ex. BIOL 1010-01) \_\_\_\_\_

Student **must** take exam at same time as class.  Yes  No – When? \_\_\_\_\_

Time Limit: \_\_\_\_\_ 50 mins \_\_\_\_\_ 75 mins \_\_\_\_\_ No Time Limit

\*This helps our staff calculate accommodated time.

\*In the event any of your exams are scheduled to be taken outside of our business hours, please contact our office to make the necessary arrangements.

**Is this a Canvas or other online exam? If yes, please provide password**  No  Yes:

**Password:** \_\_\_\_\_

**Will there be a different password for every exam?**  No  Yes

**\*Please disable Proctorio, if you use this feature, we are the proctors ☺**

Scantron Exam?  No  Yes Notes allowed?  No  Yes: \_\_\_\_\_

Open book exam?  No  Yes Dictionary allowed?  No  Yes

Scratch paper allowed?  No  Yes

Other Material (ie: Tables, Charts, Etc) \_\_\_\_\_

Calculator:  No  Yes- If yes, Specifications: \_\_\_\_\_

Special instructions?  No  Yes: \_\_\_\_\_

Exam Return:  Disability Support Office returns exams *or*  Instructor picks up exam

**Exams/Quizzes are to be delivered to the Disability Support Office by the Academic Department. TO ENSURE THAT EXAMS/QUIZZES REACH THE DISABILITY SUPPORT OFFICE ON TIME IN ADDITION TO MAINTAINING SECURITY, PLEASE DO NOT SEND EXAMS THROUGH CAMPUS MAIL. ALSO, PLEASE DO NOT ALLOW STUDENTS TO HAND CARRY THEIR OWN EXAMS. THANK YOU.**

By signing this form below, you verify that you are the faculty member confirming the instructions set up for the student taking the exams for your class this semester at the Disability Resource Center.

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_