

*Diversabilities Support Program & Services*  
**Instructor Test Proctoring Request**

Exam to be proctored at: <input type="checkbox"/> Monterey Park Campus <input type="checkbox"/> South Gate Campus
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Student Name (Last, First): \_\_\_\_\_ SID: \_\_\_\_\_  
*(If multiple students are testing for the same class, you may list additional students on the back.)*

Course: \_\_\_\_\_ Instructor Name: \_\_\_\_\_

Test Date: \_\_\_\_\_ Time: \_\_\_\_\_ How long is the test for the class? \_\_\_\_\_

Should we have any questions during the exam, how may we contact you? \_\_\_\_\_

If the student does not show up for the exam at the date and time scheduled, will he/she still be allowed to take the exam?  
 No  Yes **If yes, when?** \_\_\_\_\_

The student is allowed to use the following:  
 None  Open Book  Notes  Dictionary  Calculator  Other: \_\_\_\_\_

After the Test Proctoring services are rendered, please select method of delivery:  
 Email: \_\_\_\_\_  Instructor Pick Up  Mailroom Delivery

**DSP&S Delivery (NO CLASSROOM DELIVERY)**  
*(DSP&S Delivery will be no sooner than the following business day after exam completion and requires a 2-hour window for delivery to occur. The last 2-hour window that can be requested is 2pm – 4pm on the date specified.)*

**Deliver exam on** \_\_\_\_\_ **between** \_\_\_\_\_ **and** \_\_\_\_\_  
*(Date) (Time) (Time)*

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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List additional students below:

Student Last Name:	First Name:	SID #:

**OFFICE USE ONLY:**

**Examination Details:**

Student qualifies for:  50% Extended Time  100% Extended Time

Check-in Date: \_\_\_\_\_ Check-in Time: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Time Exam Expires: \_\_\_\_\_ Check-out Time: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**Exam Delivery:**

Emailed  Picked up  Delivered to mailroom  Delivered to faculty office      Staff Initials: \_\_\_\_\_

Instructor Signature (Received): \_\_\_\_\_ Date: \_\_\_\_\_