

Office of Services for Students with Disabilities/ L211

Exam Proctoring Procedures

904.819.6460

Section A: To be completed by the **Student** and returned to the Office of Services for Students with Disabilities at least **three** business days prior to the test date. For final exam week, OSSD requires **five** business days notice.

Student's Name _____ Contact Info. _____

Professor's Name _____ Ext. _____ Course Title and Number _____

From _____ A.M./P.M. to _____ A.M./P.M. Exam Day and Date _____
Time class begins Time class ends

Student accommodations needed for this exam: _____

Student Signature: _____ **Date:** _____

All exams are to be scheduled between the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday at the same time of the class unless other arrangements have been made. No requests will be honored after the exam has already been given.

Section B: To be completed by the **Professor**.

Students must be registered with OSSD and pre-approved for accommodations.

Method of sending exam:

____ Professor will deliver the exam to the OSSD, L211.

____ Exam will be e-mailed to efrancisco@flagler.edu and cc to evoguit@flagler.edu

____ Student taking the exam will deliver it personally in a sealed confidential envelope to the OSSD.

____ Exam will be delivered through inner office mail.

Check only class allowable aids:

____ scrap paper ____ dictionary ____ open book ____ computer ____ calculator ____ student notes

____ formula sheet ____ other (please specify) _____

____ any other arrangements made _____

Return of exam:

____ Professor will pick up exam from OSSD.

____ Student taking exam returns it in a confidential, sealed envelope to the Professor.

____ Exam will be delivered through inner office mail.

Professor's Signature: _____ **Date:** _____

Section C: Office use only.

Received form: _____

Confirmed with student: _____

Exam received: _____

Time exam began: _____

Exam date: _____

Exam place: _____

Exam returned: _____

Time exam ended: _____