NOTE TO FACULTY: This form contains vital proctoring information for students testing at DSS. Complete and return to disabiliteservices@mwsu.edu, Clark Student Center Room 168, or fax to 397-4180. If you have any questions, contact DSS at 397-4140. PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE.

Student: 

Course: 

Professor: 

Office Location: 

Scheduled Test Date: 

STANDARD TEST TIME: ______ Hours ______ Minutes

(Please give the standard test time given to students testing in class)

TEST PICK-UP

____ Professor will fax test (397-4180) to DSS on or before (date): ____________________________

____ Professor will email test to DSS on or before (date): ________________________________

____ Professor will deliver test to DSS on or before (date): ________________________________

____ Student will bring sealed test to DSS on test date.

____ DSS courier will pick up test (Must have 24 hour notice). Date and location: ____________________________

TEST RETURN

____ Professor will pick up test from DSS when completed by student.

____ DSS courier will return completed test to department or Professor. (For security reasons, DSS will not use inter-campus mail for pick up or return.)

____ Other (Please specify): ____________________________

MATERIALS PERMITTED IN TESTING ROOM

____ None  ____ Scrap Paper  ____ Notes  ____ Dictionary  ____ Textbook  ____ Calculator  ____ Scantron  ____ Charts, Tables, etc. (specify) ____________________________

____ Other materials permitted ____________________________

____ Additional Instructions: ____________________________

DSS OFFICE USE ONLY

Time Test Began: ______  Time Ended: ______  Administered by: ____________________________

Returned: ____________________________

Faculty or Department Representative Signature: ____________________________