Office of Disability Services

Request for Individualized Test Proctoring

This form **must** be returned seven (7) day in advance for test proctoring in the Office of Disability Services (ODS). Due to the limited space, all testing has to be scheduled. Please notify this office immediately of any changes or cancellations.

### Student’s Section

Name _______________________________ Phone #  ______________________ Email ____________________________

Course Title _______________________ Course day & time _________________ Instructor: _________________________

Date of exam: ____________________

*I understand it is my responsible to arrange a time with ODS and my professor to take this test. I also understand that the ODS will wait fifteen (15) minutes past the time of the scheduled appointment before returning the forfeited test to the professor.*

Student Signature _____________________________________________________   Date __________________________

### Instructor’s Section

Exams should be in the ODS by 5:00 pm the day before it is scheduled

Date of exam______________________________ Course Title _________________________________________________

Amount of time class gets for exam _______________ Exam start time _______________ Exam end time ________________

Delivery of exam:

[ ] I will deliver the exam myself or send someone else.

[ ] Student will pickup exam in a sealed envelope with signature across the seal and bring it unopened to ODS.

[ ] I will fax the exam. Send to fax # (504) 520-7943

[ ] I will email the exam. Send to: slaugust@xula.edu (ODS Coordinator) and tmlabran@xula.edu (Office Manager)

Instructor Signature___________________________________________________   Date __________________________

Email address ___________________________________ Phone # ________________________

### NOTE:
The student is responsible for returning this form to ODS seven days prior to any exam or exam will have to be taken in class.
Test Proctoring Guidelines Form
This form MUST accompany the exam

Student’s Section (Complete and give to your instructor)

Name __________________________________________ Phone # ________________________________
Course name __________________________________ Instructor’s name _______________________
Instructor’s ofc. location ____________________________ Instructor’s phone ____________________
Proctoring date ____________________________ Proctoring time __________________________

Note: Student is responsible for presenting this form to the instructor.

Instructor’s Section (please return this form with the test)

Check all that may apply
Student is allowed to use:         ____ Calculator  ____ Notes            ____ Book  ____ Scratch Paper
                                          ____ Dictionary  ____ Periodic Table      ____ Ruler/scales  ____ Other _____________

Special instructions: ________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Return of Exam:
[   ] I will pick up the exam
[   ] Seal, sign over seal, and have student hand carry to professor
[   ] Fax test to the following # ______________________
[   ] ODS staff return completed exam to Bldg. ________ Room # ____________

________________________________________________________________________________

Instructor’s signature _____________________________ Date _____________________________

Contact # in case student has questions during the exam