

DVC Academic Proctoring

EXAM PROCTORING FORM

(One form and test per student)

Assessment Center
– Student Services Center, Room 140
Email: assessmentcenter@dvc.edu

Exam date: _____

Or range of dates for exam:

Student Section

Student's Name _____ Student ID# _____

Course _____ Instructor's Last Name _____

Reason(s) for using the AP services. _____

The APC cannot make extra copies. Exams are not received via email at this time.

Instructor Section

① Exam time duration for student in the classroom _____ hour(s) _____ minutes.

② Please check the boxes that apply to your student.

Resource material allowed

- NONE – no resource material allowed.
- Notes allowed (specify quantity/type).

- Calculator allowed (specify type/model or "any").

- Dictionary allowed (not electronic)
- Open book

Special/additional instructions _____

Answer/response material required

- NONE – write answers on exam
- Scantron # _____
- Bluebook Required

Scratch paper allowed? Yes No

③ Exam return

- Instructor Pick up.
- Campus Mailbox.

④ Instructor's signature _____ Date: _____

With my signature I authorize that my checked/written conditions apply to my student and any omission may compromise the integrity of this exam.

Office Section only

Proctor Notes/ Messages

Testing Date _____

Start Time _____

End Time _____

Proctor IN _____

Proctor OUT _____

Scratch paper bundles used (tally) _____ Exam received – Date: _____ Time: _____ Del. By: _____ Via: _____