

Request for Proctoring Services
Pepperdine University
Disability Services Office
TCC 264
Phone: (310) 506-6500 Fax: (310) 506-6776

Student Information (this form is required for EACH exam- multiple test dates will NOT be accepted)

Name: _____ Student ID Number: _____ - _____ - _____

Course Name and Number: _____

Test Date: _____ **Test Time:** _____

Type of Accommodation Requested (circle): Extended-Time Reader Distraction-Free Site
Computer Other _____

Upon completion of this form by all parties, I understand that I must return to the Disability Services Office (DSO) to schedule the test **at least seven (7) days [14 days for final exams] prior to test administration.** *I am aware that my time will be deducted accordingly in the event that I am late for an exam and my accommodations may be forfeited.* If proctoring or date change is required, I will need to reschedule with my professor and provide the DSO with authorization for any changes by the professor.

Student's Signature: _____ Date: _____

To be Completed by the Professor (this portion MUST be completed by the professor, NOT the student)

This request has been made in accordance with federal and state laws and regulations that govern support services to students with disabilities. The Pepperdine Disability Services Office (DSO) administers tests in accordance with this form that indicates an agreement between PROFESSOR and STUDENT. Professors are encouraged to provide reasonable accommodations to their students during the scheduled exam meeting time or place. Feel free to contact the DSO at x6500 if questions arise.

Professor's Name: _____ Office: _____ Extension: _____

Please indicate procedures to be used during the test (Open Book, Notes, Calculator, etc.): _____

Standard Length of Exam: _____ (the time allotted to the rest of the class)

Pre-Test Pick-up Instructions:

____ Professor/TA will deliver to DSO on _____
(date)
____ Student will deliver to DSO (in sealed envelope)
____ DSO will pick up exam at _____ on/at _____
(Room #) (date/time)

Post-test Return Instructions:

____ Professor/TA will pick up exam on _____
(date)
____ Student will return exam (in sealed envelope)
____ DSO will return exam to _____
(Room #)

Additional Instructions: _____

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

By signing this portion of the form, I understand that I will be held accountable for the information provided including standard length of the exam and the means by which DSO will acquire the exam. It is my responsibility to promptly inform the DSO of any changes made to the pre-test pick-up instructions or the post-test return instructions. I will immediately contact the DSO in the event that the exam has been postponed or re-scheduled due to my absence.