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Exam Proctoring Request Form
Pepperdine University - Disability Services Office
TCC 264

Office Use Only
Received by: _____
Initials: _____
Date: _____

To be Completed by the DSO Student (this form is required for EACH exam- multiple test dates will NOT be accepted)

Name: _____ Campus Wide ID Number: _____

Course Name and Number: _____

Exam Date: _____ Exam Time: _____

Type of Accommodation Requested (mark with an "x"): Extended-Time: ____ Distraction-Reduced Site: ____ Computer: ____

Other: _____

I understand that it is my responsibility to arrange for the completion of this form and the scheduling of my exam with the Disability Services Office (DSO) **at least seven (7) days [14 days for final exams] prior to test administration**. If an exam time or date change is required, I will need to reschedule with my professor and provide the DSO with authorization from the professor for any changes (through an amended proctoring form*(see below), phone call, or email). *I am aware that my time may be deducted accordingly in the event that I am late for an exam and my accommodations may be forfeited.*

Student's initials: _____ Date: _____

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

Professors are encouraged to provide the approved reasonable accommodations to their students during the scheduled exam meeting time and place. However, if it is preferred by the professor or the student to ask that the DSO administer the exam, this form is used to make the request, indicating an agreement between the PROFESSOR and the STUDENT. This request is being made in accordance with federal and state laws and regulations that govern support services to students with disabilities. 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.):

If the proctor is permitted to contact you during exam administration, please provide contact information:

(phone/email address)

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

Pre-Test Pick-up Instructions:

____ Professor/TA will fax/email to DSO on _____
(date)

____ 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:

____ DSO will fax/email exam to _____
(email address/fax #)

____ 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 initials: _____ Date: _____

Completed form should be returned to the DSO **at least seven (7) days [14 days for final exams] prior to test administration via fax, email (DSO@pepperdine.edu) or hand-delivery (NOT campus mail).

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.

Phone: (310) 506-6500 Fax: (310) 506-6776 More copies of this form are available online at:
<http://www.pepperdine.edu/disabilityservices/students/forms/>

*Authorized date/time change: _____
(date) (time)

Professor's initials: _____