

Please open this form in Adobe Acrobat Reader (NOT Mac Preview). If you are accessing this form via our website, save a blank copy to your personal desktop, close the website, then complete the form using the version you saved to your desktop.

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](mailto: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: \_\_\_\_\_