



# PROCTORING FORM

Testing Center  
 Room 103 Liberal Arts Building 706-272-2606  
 Monday – Friday 8 a.m. – 5 p.m.

## Test Type

DSS  Make-Up  Other

### SECTION 1: (to be completed by the Professor/Instructor)

**PLEASE CLEARLY PRINT ALL ENTRIES. USE INITIALS TO INDICATE PREFERENCES.**  
**Exam should be delivered to Liberal Arts building, room 103 by 3:00 p.m. day before the exam. If exam is not in the Testing Center by this time, the student will have to schedule another time to take the exam.**

\_\_\_\_\_  
 Student Name Course/Section Course Time/Location

\*Regular Time Allowed for In-Class Exam \_\_\_\_\_

\*Date and time exam is to be taken by student\* \_\_\_\_\_

Format: Essay  Multiple Choice  Fill-In  True/False  Combo

Comments: \_\_\_\_\_

THE STUDENT MAY USE:	INITIAL	THE STUDENT SHOULD	INITIAL
OPEN BOOK		KEEP EXAM	
OPEN NOTES		SUBMIT SCRATCH PAPER	
CALCULATOR		Other _____	
GRAPHING CALCULATOR			
DICTIONARY			
SCRATCH PAPER			
Other _____			

\_\_\_\_\_  
 Course Instructor (Please Print) Instructor Signature Date

### SECTION 2: (to be completed by proctor)

\_\_\_\_\_  
 Date Administered Scheduled Time Time Allowed Time Began Time Ended Time Used

Comments: \_\_\_\_\_

\_\_\_\_\_  
 Proctor Signature Student Signature

Send exam through campus mail \_\_\_\_\_ (Please initial) Date exam was sent in mail \_\_\_\_\_

Will pick up exam on \_\_\_\_\_