**TEST PROCTORING FORM**
USAO Disability Services
574-1326

**PLEASE COMPLETE AND ATTACH THIS SHEET TO EACH EXAM**

<table>
<thead>
<tr>
<th>STUDENT’S NAME</th>
<th>DATE OF EXAM</th>
<th>CLASSROOM EXAM PERIOD</th>
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<thead>
<tr>
<th>CLASS</th>
<th>INSTRUCTOR’S NAME</th>
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Students are advised to take the exam on the same date/time as the class unless other arrangement have been made with the instructor.

**EXAM DELIVERED BY:**

- _____ Instructor/Department
- _____ Staff/Student worker
- _____ E-mail to cperry@usao.edu

**RETURN EXAM BY:**

- _____ Instructor/Department
- _____ Staff/Student worker

**INSTRUCTOR’S SPECIAL INSTRUCTIONS:**

- _____ Use of Calculator
- _____ Use of Notes/Books
- _____ Other (specify) ________________

________________________________________________________________________