

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

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

\_\_\_\_\_  
**STUDENT'S NAME**

\_\_\_\_\_  
**DATE OF EXAM**

\_\_\_\_AM/PM TO \_\_\_\_AM/PM  
**CLASSROOM EXAM PERIOD**

\_\_\_\_\_  
**CLASS**

\_\_\_\_\_  
**INSTRUCTOR'S NAME**

**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) \_\_\_\_\_