NORTHAMPTON
COMMUNITY COLLEGE

Professor: _____ Bethlehem ☐ Pocono ☐

Accommodated Exam Proctoring Form

Student is expected to take the exam at the same time as their class unless other arrangements have been made with their professor.

Part I: May be completed by student or faculty:

Student: _____
Course #_____ Sec #_____ Course Name_____Semester_____
Please deliver exam to ☐ Testing Center ☐Accessibility Resource Center (Disability Services)

Exam Date: _____ Time: _____

Part II: Only completed by faculty and delivered with exam to proctoring location

1. **FACULTY: Standard Exam Time:** ____HR ____MIN | **Approved Time Multiplier:** ☐ **1.5x or** ☐ **2.0x**
(per student's Accommodation Letter) | Total Testing Time: ____HR ____MIN

2. Alternate exam date and/or time approved by faculty Date: _____Time:_____

3. **Exam Expiration Date**: _____ (Exam will no longer be available after date)

Student may use:

Calculator	☐ Yes	☐ No
Notes Allowed	☐ Yes	☐ No
Show Scrap work	☐ Yes	☐ No
Return Scrap work to professor	☐ Yes	☐ No
Open Book	☐ Yes	☐ No
Computer	☐ Yes	☐ No
Dictionary	☐ Yes	☐ No

EXAM #_____
☐ Paper exam
☐ Online exam

Password:

☐ Respondus_____
☐ My Math/Stat Lab_____
☐ Brightspace_____
☐ Other/publisher _____

Additional Instructions:

_____

_____

Testing Center Delivery Options: ☐ Professor Pick-up: _____ ***Initials required at pick-up***
Exam administered in the Testing Center MUST be picked up at the Testing Center. No other delivery options.

Accessibility Resource Center Delivery Options:
☐ Send by Email: _____
☐ Professor Pick-up

Faculty phone contact- in case of a student question during exam: _____

Professor Signature: _____

Date Received _____ Proctor/Reader/Scribe _____ Start _____ End _____

disabilityservices@northampton.edu 610-861-5342 Bethlehem: CC340 Pocono: Keystone 137B