

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 _____ Library _____ Accessibility Resource Center (Disability Services)
Exam Date: _____ Time: _____

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

<b>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</b>		
2. Alternate exam date and/or time approved by faculty Date: _____ Time: _____		
3. Exam Expiration Date: _____ (Exam will no longer be available after date)		
<b>Student may use:</b>		
Calculator	Yes No	<b>EXAM #</b> _____ <input type="checkbox"/> Paper exam <input type="checkbox"/> Online exam
Notes Allowed	Yes No	
Show Scrap work	Yes No	<b>Password:</b> <input type="checkbox"/> Respondus _____ <input type="checkbox"/> My Math/Stat Lab _____ <input type="checkbox"/> Brightspace _____ <input type="checkbox"/> Other/publisher _____
Return Scrap work to professor	Yes No	
Open Book	Yes No	
Computer	Yes No	
Dictionary	Yes No	
<b>Additional Instructions:</b> _____ _____		
<b>Library Delivery Options:</b> <input type="checkbox"/> Professor Pick-up: _____ <i>Initials required at pick-up</i> <b>Exam administered in the Library MUST be picked up at the Library.</b> <b><u>No other delivery options.</u></b>		
<b>Accessibility Resource Center Delivery Options:</b> <input type="checkbox"/> Send by Email: _____ <input type="checkbox"/> Professor Pick-up		
Faculty phone contact- in case of a student question during exam: _____		
Professor Signature: _____		

Date Received \_\_\_\_\_ Proctor/Reader/Scribe \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_