

# Final Exam

## Proctor Request Form

Office of Disability Resources  
Brock Hall 203K | Tel: 434.395.2391

Testing Center Hours: Monday-Friday, 8am-Spm  
Email: [disabilityresources@longwood.edu](mailto:disabilityresources@longwood.edu)

### STUDENT INFORMATION (to be completed by student)

Student Name: \_\_\_\_\_ Test Date: \_\_\_\_\_ Test Time: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Course Number (ex. History210): \_\_\_\_\_

**By signing this form I have read and agree to comply with all ODR test policies and procedures for exam proctoring. I understand and agree to abide by the honor code "I have neither given nor received any help on this exam, nor am I aware of any infraction of the honor code". I understand that any violation of the Honor Code will be reported to the Office of Student Conduct & Integrity and the Instructor.**

Student Signature \_\_\_\_\_ Date of Request \_\_\_\_\_

### DISABILITY RESOURCES STAFF COMPLETES THIS SECTION

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> None                  | <input type="checkbox"/> Distraction-Reduced Environment | <input type="checkbox"/> Use of a scribe         |
| <input type="checkbox"/> Use of word processor | <input type="checkbox"/> Mark on test booklet/paper      | <input type="checkbox"/> Use of calculator       |
| <input type="checkbox"/> Use of spell check    | <input type="checkbox"/> Extended time 50% ( ) 100% ( )  | <input type="checkbox"/> Enlarged Software       |
| <input type="checkbox"/> No scantron           | <input type="checkbox"/> Print online test               | *** Professor please provide copy of online test |

Other specific accommodations: \_\_\_\_\_

ODR Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTOR COMPLETES THIS SECTION

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> None                                  | <input type="checkbox"/> Formula Sheet   | <input type="checkbox"/> Canvas     |
| <input type="checkbox"/> Use of word processor                 | <input type="checkbox"/> Open notes      | <input type="checkbox"/> Internet   |
| <input type="checkbox"/> Use of dictionary                     | <input type="checkbox"/> Open book       | Standard Administration Time: _____ |
| <input type="checkbox"/> Calculator - please specify what type | ** Best way to contact during test _____ |                                     |

Other instructions: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### ODR STAFF ONLY

Time Started: \_\_\_\_\_ Time to End: \_\_\_\_\_ Time Actually Ended: \_\_\_\_\_

Room Number \_\_\_\_\_ Locker Number: \_\_\_\_\_

Revised 06/20/19