



STATE UNIVERSITY OF NEW YORK

Accessibility Services
Technology Center, Room 8150
845-574-4541

NURSING Test Proctoring Agreement Form

This form must be dropped into the lock box located in the Testing Center, Room 8346 by the student at least 14 days prior to the date(s) of the exam(s). Completion of this request indicates that both the student and instructor: 1) have reviewed the student's Accommodation Letter prepared by Accessibility Services (AS); 2) understand approved test proctoring accommodations and agree to comply with the 3rd Floor Testing Center's policies and procedures; and 3) understand and agree that this form is only for test proctoring at the 3rd Floor Testing Center.

1. TO BE COMPLETED BY STUDENT:

Semester: Fall ___ Spring ___ Summer ___ Winter ___ 20___

(It is the student's responsibility to provide Instructor this form at least 14 days in advance of test)

Student Name _____ Phone # _____

Email address _____

Course Name _____ Instructor _____

Student Signature _____ Date _____

Students are responsible for scheduling the test with the instructor. Rescheduling is not permitted without instructor's consent.

2. TO BE COMPLETED BY INSTRUCTOR:

Total time allotted for test administration _____ Scheduled Day of Tests _____

Time (Start) _____ (Stop) _____

Please CIRCLE any materials that may be used in the testing situation. Please specify below (titles of books, handouts, etc.):

Books Dictionary Notes/Data Sheet Computer Calculators Diagrams Formulas/Tables

Specific Materials and Instructions/ Other: _____

Delivery: Professor must deliver exam to Nursing Lock Box located in the Testing Center, Room 8346.

Return: Professor must pick up exam in the Nursing Department after 10am the following week day.

Instructor Signature _____ Date _____

Email address _____ Phone # _____

NOTE: It is the STUDENT'S responsibility to drop this form into the lock box located in the Testing Center, Room 8346 at least 14 days prior to the date(s) of the exam(s). All students must report to the Testing Center, Room 8346 at the designated time and date of test.

TESTING CENTER USE ONLY:

Test Date/Time: _____ Time (Start): _____ (Stop): _____

Test proctored by: _____ Test delivered to Instructor by: _____

PROCEDURE FOR SCHEDULING TESTING FOR
NURSING STUDENTS UTILIZING TESTING ACCOMMODATIONS

Once deemed eligible for special testing accommodations, the following procedure must take place:

1. The student must go to Accessibility Services and procure a green NURSING Test Proctoring Agreement Form.
2. The student must complete the “TO BE COMPLETED BY STUDENT” section of the form.
3. The student must then bring the form 14 days prior to the test date to the instructor who will complete the “TO BE COMPLETED BY INSTRUCTOR” section of the form.
4. The form must then be dropped into the lock box located in the Testing Center, Room 8346 by the student at least 14 days prior to the date of the exam. The student may deliver forms for each exam throughout the semester at once.
5. All students must report to the Testing Center, Room 8346 at the designated time and date of test.