



STATE UNIVERSITY OF NEW YORK

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

Test Proctoring Agreement Form

(FORM REVISED 3/25/14)

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 AS Test Proctoring policies and procedures; and 3) understand and agree that this form is only for test proctoring in AS. For more information, please contact AS at 845-574-4541.

1. TO BE COMPLETED BY STUDENT:

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

(It is the student's responsibility to provide Instructor with this form at least 5 days in advance of test)

Student Name _____ Phone # _____

Course Name _____ Instructor _____

Scheduled Day of Test _____ Time of Test _____

Student Signature _____ Date _____

Students are responsible for scheduling the test with AS. Test can only be proctored during AS office hours. Once student schedules a test, AS will NOT reschedule a test without consent from instructor.

2. TO BE COMPLETED BY INSTRUCTOR:

Time allotted for REGULAR test administration _____ Deadline to Administer Exam _____

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 will deliver test to Accessibility Services.
___ Professor will email test to accessibility@sunyrockland.edu
___ Professor will fax test to 845-574-4594

Return: ___ Picked up by professor in AS
___ AS will deliver test through interdepartmental mail; mailbox/office # for delivery _____

Instructor Signature _____ Date _____

Email address _____ Phone # _____

NOTE: It is the STUDENT'S responsibility to return the signed form to AS in person at least 5 days in advance of test. It is the INSTRUCTOR'S responsibility to deliver the test to AS on or before the scheduled test date. It is the responsibility of AS to proctor and return all test.

ODS USE ONLY: Test Date/Time: _____ Time (Start): _____ (Stop): _____

Test proctored by: _____ Test mailed to Instructor by: _____ (ODS Staff Initials) OR

Test picked up by: _____ (Faculty Signature) Return/Pick up Date/Time: _____