REQUEST FOR PROCTORING SERVICES

CASS requests 3 days notice by students for proctoring services

I authorize student to take exam at a different time from class?  ☐ YES  ☐ NO

☐ Earlier that day  ☐ Later that day  ☐ The day before  ☐ The day after

☐ Another date and time  APPROVED BY PROFESSOR ____________________________

REGULAR EXAM IN THE CLASSROOM IS HOW LONG?

_____HOURS  _____MINUTES
(CASS uses this information to calculate extended time)

Course Information

Name of Student: _______________________________  ID#: _______________________________

Professor's Name: _______________________________  Course Name and Number: _______________

Actual Test Date of Regular Exam: _______________  Time: _______________________________

Item(s) Allowed During Exam (Check all that apply):

☐ Notes Permitted  ☐ Open Book Test  ☐ Blue Book  ☐ Formula Sheet

☐ Dictionary  ☐ Scantron  ☐ Blank Scratch Paper

☐ Calculator Permitted (Indicate Type Allowed)

________________________________________________________

Other Instructions: __

__

The University Code of Conduct will be upheld for all examinations proctored under CASS suspension. I understand the responsibility for scheduling and delivering exams to CASS is solely between student and faculty.

Professor's Signature: _______________________________  Office Ext: __________

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IT IS VERY IMPORTANT THAT PROCTORING FORM IS COMPLETELY FILLED OUT FOR PROPER ADMINISTRATION OF EXAM

EXAM PICK UP AND DELIVERY INSTRUCTIONS:

PRE-TEST PICK-UP INSTRUCTIONS:
(Please check one) Explicit chain of custody protocols should be followed.

☐ CASS will pick up exam in:
   Building___________ Room __________

☐ Professor delivered exam
☐ T.A. delivered exam
☐ Other staff/individual delivered Exam
☐ By email to cass@utep.edu
☐ By fax to (CASS)
☐ Exam on Blackboard

Delivered by: ______________________________
   (Print Name)
   ______________________________
   (Signature)

Date: ______________________________

POST-TEST RETURN INSTRUCTIONS:
(Please check one)

☐ CASS will return exam to:
   Building___________ Room __________

☐ Professor will pick up exam at CASS
☐ T.A. will pick up exam at CASS
☐ Other staff/individual will pick up exam
☐ Email to Professor

Received by: ______________________________
   (Print Name)
   ______________________________
   (Signature)

Date: ______________________________

Received by:

________________________
   (Print Name)
   ______________________________
   (Signature)

Date: ______________________________
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<tr>
<th>Date:_______________</th>
<th>Time Started: ________________</th>
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<tr>
<td>Must Complete Exam By: ________________</td>
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<td>Restroom / Water break Time Out: ________________</td>
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