EXAM PROCTORING FORM

Please attach this form to the exam that needs to be proctored. INCOMPLETE FORMS WILL NOT BE ACCEPTED.
Please complete and submit this form to the SSD staff at least one week prior to the exam date. It is the student’s responsibility to ask the professor to complete his/her section of the form.

EXAM PROCTORING HOURS: 9 a.m. - 5 p.m., Monday - Friday. (other times by prior arrangement)

TO BE COMPLETED BY STUDENT

Student Name: __________________________
Course Name: __________________________
Course Day/Time: ______________________
Instructor Name: ________________________
Instructor E-mail: ______________________
Instructor Office/Phone: _________________

TO BE COMPLETED BY INSTRUCTOR

Test Date: ____________________________
Time allotted for exam (without accommodations): ______________

Check ☑ items that apply

Notes: Allowed___  Not Allowed___
Book: Allowed___  Not Allowed___
Calculator: Allowed___  Not Allowed___
Scrap Paper: Allowed___  Not Allowed___

How will exam be delivered to SSD?

E-mail: serv4dstu@rider.edu
Instructor delivers to: Room #8 Academic Annex
(Mon.-Fri. 9:00AM-5:00PM)
Student delivers (in signed, sealed envelope)

How will test be returned to Instructor?

Instructor Picks up at Room #8 Academic Annex
(Mon.-Fri. 9:00AM-5:00PM)
SSD delivers hard copy within 24 hours of end of exam to:
Building:___________ Room:___________

EXAMS MUST BE RECEIVED 24 HOURS BEFORE EXAM.

I authorize SSD to administer the test to the student as outlined on this form. I have discussed this form with the student and approve the information provided.

Instructor Signature: __________________________  Date: ______________

Signature required for student to take test with SSD. Form and exam should be received by SSD office no later than 24 hours before exam administration.

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For Office Use Only*****************************************************************************

Exam Received: __________________________
(date & time)

Time Exam Started: ______________________

Time Exam Finished: _____________________

Exam Taken: __________________________

SSD Staff Signature: _____________________

SSD Staff Signature: _____________________

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