

*For Disability Services Only

Test Received: _____

Time available: _____

Date Taken: _____

Time In: _____

Time Out: _____

Date Returned: _____

Initial: _____

****PLEASE FILL OUT ALL SECTIONS****

**University of Houston-Clear Lake
Disability Services Office (DSO)
Exam Proctoring Checklist
Fall 2009**

Section A: Course Information:

Instructor's Name: _____

Room #: _____

Telephone Extension: _____

E-mail Address: _____

Student's Name: _____

Student ID: _____

Course: _____

Contact #: _____

Section B: Exam Information:

All exams and quizzes will be administered, WITHIN REGULAR DSO HOURS, 9am-7pm, using standard proctoring conditions unless otherwise specified.

Ⓢ Exam must be completed by _____
(Date)

-OR-

Ⓢ Exam must be done by the following specific date & time: _____
(Date) (Time)

Check ONLY those items that apply:

Scrap Paper Notes Calculator Open Book Dictionary Formula Sheet

Special Instructions: _____

(Instructor's Signature)

(Date)

Section C: Exam Return

Please Check

Instructor/Designate pick up:

Student deliver to Instructor:

DSO delivers to Instructor:

Other: _____

Section D: Honesty Policy

I have read and agree to adhere to the Academic Honesty Policy of the University of Houston-Clear Lake and the Proctoring Policy of Disability Services.

(Student Signature)

(Date)

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.