

**BLOUNT CENTER
TEST PROCTORING
FORM**

Faculty - Please complete this form for each student and email it along with exam to blountproctoring@scollege.edu . Exams are by appointment only. Allow 2 full business days for exam scheduling.

Student's Name: _____

Instructor's Name: _____ Course: _____

Instructor Office #: _____ FAX #: _____ Password if applicable: _____

Type of Exam: Online Printed

Proctoring Conditions (NO exceptions will be made to the conditions indicated below):

Scrap paper allowed?:	Yes	No	Notes allowed?:	Yes	No	Calculator allowed?:	Yes	No
Dictionary allowed?:	Yes	No	Formula sheet allowed?:	Yes	No	OPEN book?:	Yes	No
Other aids (please specify):			Is exam timed?	Yes	No	Date time frame for completion of exam: _____		
			If yes, time allowed?	_____		(Must be filled in)		

How would you like the exam returned to you? Campus Mail Fax

To be filled out by Assessment Staff:

Date exam given: _____

Time exam started: _____

Time exam finished: _____

Date exam sent back to instructor: