

**TEST PROCTORING FORM**

Disability Services  
 Student Union Building 1 - Suite 2500, MSN: 5C9  
 Testing Center- SUB 1, Room 3313  
 Phone: 703-993-2474 Fax: 703-993-4306

Testing Hours: Monday - Friday 9 AM-4:45PM  
 Tuesday 9 AM-8:45PM  
 EXAM WEEK HOURS VARY  
 Email: [dstests@gmu.edu](mailto:dstests@gmu.edu) Website: <http://ds.gmu.edu>

**STUDENT INFORMATION (to be completed by student)**

Name  G Number   
 Email (@gmu.edu)  Phone Number (10 digits)   
 Course  Instructor

I have read and agreed to comply with all Disability Service test policies and procedures for exam proctoring. I understand that the exam will not be administered if my arrival time is 20 minutes after the instructor's stated start time. However, if I am late and within the 20 minute window, I understand the amount of time I am late will be deducted from the total time allowed for the test. I agree to abide by the Mason Honor Code. I understand that violation of the Honor Code will be reported to the Office of Academic Integrity. I understand that the Disability Services testing center is monitored by cameras through a closed circuit security system.

Signature  Date

**INSTRUCTOR INFORMATION (to be completed by professor) Asterisk \* = Required**

Phone Number  Email   
 Date student will take exam  \*Start time of exam   
 \*Class time allowed for exam (**without** accommodations)  Scantron Needed   
 Bluebook Needed

**INITIAL** all materials allowed by **ALL STUDENTS** during test (*initial at least 1*)

- None       Open Book       Open Notes       Dictionary       Lockdown Browser  
 Internet Access       Simple Calculator       Graphic Calculator (e.g. TI-83)       Scientific Calculator (e.g. TI-30x)

**Please Circle One:**

Student's Personal Laptop  
 Disability Services Laptop

Additional Approved Materials/Special Instructions:

**Exam Delivery (check one)**

- Test will be hand delivered to SUB I, Room 3313  
 Test will be emailed to [dstests@gmu.edu](mailto:dstests@gmu.edu)  
 Student delivers the exam in a sealed envelope

**Exam Return (check what apply)**

- Test will be picked up from, SUB I, Room 3313  
 E-mail test to professor e-mail listed above (by close of business)  
 Student returns the exam in a sealed envelope.

Building/Room

Signature  Date

**TESTING ACCOMMODATIONS (FOR OFFICE USE ONLY)**

Extended Time   Computer     JAWS     Online Exam     CCTV     Read and Write Gold  
 Breaks \_\_\_\_\_  Scribe     Reader     Scantron Scribe     Word Processor  
 \_\_\_\_\_  Dictation Software     Enlarged Font  
 Scheduled Start  Scheduled End  Room Number   
 Time Started  Time Ended  Staff