



Disability Resource Services
TEST PROCTORING SERVICE
 2157 University Center
 (313) 593-5430: Fax (313) 593-3263
counseling@umd.umich.edu

STUDENT SECTION (please print)

Name _____ Phone _____

Course name _____ Instructor's name _____

Instructor's Office _____ Instructor's phone _____

Proctoring date _____ Proctoring time _____

FACULTY SECTION (please return this form with the test.)

Note: test can also be emailed to counseling@umd.umich.edu along with testing instructions

Special Testing Instructions: (Check applicable items.)

May use: _____ notes _____ calculator _____ scratch paper _____ dictionary

Open book: _____ Yes _____ No **All materials must be returned** ___yes ___ no

Amount of time class gets for test _____

Special Instructions _____

Faculty Signature _____

Completed test will be picked up. _____

Completed test should be sent by campus mail. _____ to Room _____

OFFICE USE:

Started Test _____ *Completed Test* _____ *Returned Test* _____