

PROCTOR SHEET

Student Accessibility Services
Ground Floor DeWeese Building
Kent, Ohio 44242
Voice/TTY: (330) 672-3391
Fax: (330) 672-3763

Date Test Received: _____

Date exam taken
by class: _____

Student Name: _____
Date & time exam
scheduled: _____

Course Name: _____

Faculty Name: _____ Faculty Phone: _____

Please be specific about the materials the student may use during the exam.

Calculator :

May use books :

May use notes :

Use Scantron:

CHOOSE ONE BELOW

DELIVER: _____

Other:

PICK UP:

CHEATING POLICY

I am aware of and understand the Kent State University administrative policy regarding student cheating and plagiarism (Policy register 3342-307).

I have been informed if there will be a change in Proctors during this exam.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

ROOM ALONE: COMPUTER: ENLARGED TEXT:

TEST RECORDER: JAWS: CCTV:

CD PLAYER / VCR: BRAILLE: PROCTOR/SCRIBE:

PROCTORED BY: _____

Time exam started: _____ Time exam finished: _____

RETURNED BY: _____ DATE: _____

RECEIVED BY: _____ DATE: _____