**Faculty Test Proctor policy and instructions**

**Instructions**

* When filling out the test proctor form please include all requested information.
* Be sure to indicate if the request is for an Athlete, a (504) Accommodated Student, or other (Non-athlete, non-504).
* Please select a date and time for the exam, or a date range for the exam. (The testing office will contact the student to schedule the exam within the requested date range). NOTE: The student is not permitted to make the proctoring request it must come from the Professor.
* For the student accommodation section you need only include a brief list of what the accommodations are (Extend time, quiet location, etc.…,).
* The form can be emailed to the testing office at ([testing@hbu.edu](mailto:testing@hbu.edu)), the exam may be included with this email.
* You can choose to either pick up the exam at the Testing Office (Moody Library Room 121), have it mailed back via interoffice mail, Or Scanned and Emailed to the Email address provided. (Note Scantron’s can be emailed, but may not read in the Scantron reader.)
* **NOTE**: That all requests are subject to (Date/Time) adjustments based on seating, availability, and when the request (Date we received the request) was submitted when compared to when the exam is requested (Date of the exam). Exams requested outside of the testing offices normal hours of operation (9am - 5pm Mon-Fri) will be adjusted to fit the schedule for the date the exam is requested for.

**Policy**

The HBU testing office proctors exams for HBU as well as other universities from around the world, and the greater Houston metropolitan area. We offer our services to the faculty for the 504 accommodated students, and student athletes needing to make up exams. To avoid scheduling conflicts the testing office requests the following:

* The testing office requests that the request forms be turned within 3 – 7 business days before the desired proctor date.
* The testing office requests that the forms for the following week be turned in no later than 1:00pm on Friday (Central Standard Time).
* The student must bring a valid form of identification (Student I.D., State/Federal I.D.) at the time of the exam or they will not be allowed to take the exam.
* Unless indicated by the professor no student shall be allowed to have any form of electronic device within the testing area including but not limited to (Excluding 504 Accommodations)
  + Cell phones.
  + Watches.
  + Tablets.
  + Laptops.
  + Ear buds.
  + Fit Bits.
  + Computer Internet Access.

**Proctored Exam Request Form (completed by professor)**

Please send completed form via e-mail to: [testing@hbu.edu](mailto:testing@hbu.edu)

**Due to limited seating, the request should be submitted 3-7 days prior to exam date**

**Today’s Date: 7/27/2020**

|  |  |
| --- | --- |
| **Course prefix, number, section:** | **Term:** |
| **Professor’s name:** | **Professor’s HBU email:** |
| **Emergency Phone Contact (Required):** | **Is the Student A:**  **Student Athlete. 504 Student.**  **Other. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Paper exams, copied single-sided, must be provided no later than 24 hours in advance of the scheduled exam date. Exams can be emailed to the testing office at the time of submitting the request.

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| --- | --- | --- | --- |
| **Name of student** | **Enter requested dates & time for exam** | **Time allowed for exam** | **Computer or paper exam** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

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| **List all tools, aids, notes, etc., allowed for use by student during the exam and any special instructions for the student: (Please be specific about the use of any aids)** |
| **Other notes concerning your exam:** |
| **List (Briefly) any 504 Accommodations that student has that pertains to the exam (e.g. extended time, reduced distraction room, etc.)** |

**Instructions for Return of Test**

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| --- | --- |
| **Professor will pick up from Testing Services**  **Scan Exam and Email. (Scantron’s May Not Work)** | **Testing Services will return by campus mail** |

**Signature of professor**: **Date:**

**For Office Use Only**

|  |  |
| --- | --- |
| **Date Student Tested:** | **Name of Proctor:** |
| **Date Test Mailed:** | **Mailed by: (print & signature)** |
| **Date Picked up:** | **Picked up by: (print & signature)** |