

Disability Support Services (DSS)  
**TEST PROCTORING REQUEST FORM**

This form must be filled out in full and submitted by the student to DSS one week prior to the test date; two weeks prior to finals. There will be no exceptions to this policy.

Today's Date: \_\_\_\_\_  
Month/Day/Year

**STUDENT INFORMATION**

Student's name: \_\_\_\_\_

Student's Phone #: \_\_\_\_\_

Student's Box #: \_\_\_\_\_

Student's Email: \_\_\_\_\_

**TEST INFORMATION**

Professor: \_\_\_\_\_

Class/Section: \_\_\_\_\_

Day & Date of Test: \_\_\_\_\_

Time of Scheduled Test: \_\_\_\_\_