



Faculty Form: DSS Test Proctoring Request

Please Provide the Following Information:

Student Name: _____

Professor Name: _____

Professor Phone Ext. (or best # to reach you): _____

Professor Email: _____

Course Number: _____

Course Name: _____

Class Day(s): _____

Time: _____

Is the exam computer-based? Yes No

If yes, software used: _____ Access Code (if needed): _____

Time normally given to Class for this Exam: hours _____ minutes _____

Student should take exam on _____ (date) OR between _____ & _____

Items normally allowed in the Class for this Exam:

calculator: _____

scratch paper: _____

formula sheet: _____

handouts: _____

textbook: _____

other: _____

How would you prefer the Exam Returned:

Deliver to my mail box in: _____

I will pick up from DSS (in Building 410, room 119)

Please scan and email it to me at my email address above

**Email completed form to DSS@nwfsc.edu or return form to: DSS, Building 410, ASC – Room 124
Telephone: 850-729-6079**

To Request Testing Services from DSS, we ask students to sign up:

- 3 working days before quiz and exam dates
- 5 working days before Final Exam dates