REQUEST FOR DSP PROCTORING

This form is due at least 2 weeks before testing. Time and a half only exams are proctored through the academic department.

Disability Services and Programs (DSP)
3601 Watt Way, Grace Ford Salvatori Hall 120
Phone: (213) 740-5286 / Fax: (213) 740-8216
E-Mail: exams@usc.edu

* This request form, after completion by both the Student and Professor (or authorized TA/Staff), must be delivered by the student in person no later than 2 weeks before the testing day. For Final Exams, this form must be received 2 weeks prior to the first day of the Final Exam Period.

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**Student Information (Printed legibly by the Student Requesting Testing Accommodations)**

<table>
<thead>
<tr>
<th>Name: ______________________________</th>
<th>Approved Accommodations Requested:</th>
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<tbody>
<tr>
<td>Student ID Number: ______ - ______ - ______</td>
<td>□ Word Processor</td>
</tr>
<tr>
<td>DEPT and Course # (ex: HIST 200): ___________</td>
<td>□ Extended Time 1.5 □ Extended Time 2.0</td>
</tr>
<tr>
<td>USC Email: _________________________</td>
<td>□ Reader □ Scribe</td>
</tr>
<tr>
<td>Contact phone number: (____<strong>) <strong><strong><strong>-</strong></strong></strong></strong>__</td>
<td>□ Other ______</td>
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Student’s Signature: __________________________ Date: ____________

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**Testing Information (Printed legibly by PROFESSOR or AUTHORIZED TA or Dept. Staff)**

<table>
<thead>
<tr>
<th>Test Month/ Date</th>
<th>Start Time</th>
<th>Standard Length</th>
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Exams must be completed during DSP office hours, M-F 9am-5pm, Finals 8am-6pm

Faculty Name: ___________ Email: ___________ Phone: ___________

Contact during exam: ___________ * required

Check boxes according to what may be allowed or needed:

Yes  No

□ □ Calculator
□ □ Open Book
□ □ Open Note
□ □ Blue Book (provided by student)
□ □ Time of exam can be changed by student with DSP when scheduling
□ □ Scantron (provided by student or professor/TA)

Additional Instructions: __________________________

Additional Instructions: __________________________

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**Test Arrival and Return Instructions:**

Test will arrive at DSP via:

□ Professor/TA will deliver to DSP on ___________ (date)
□ Professor/TA will email exam to DSP
□ Student will deliver to DSP (in sealed envelope)

Test will leave DSP via:

□ Professor/TA will pick up exam on ___________ (date)
□ Student will return exam (in sealed envelope) to ___________
□ DSP Return (Please allow 48 hours)

Location: ___________ (return location MUST be provided or exam will be held at DSP for Professor/TA pick up)

Signature: __________________________ Name if different than Prof. ___________ Date: ___________