



# 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](mailto: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.

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

Name: \_\_\_\_\_

### Approved Accommodations Requested:

Student ID Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Word Processor

DEPT and Course # (ex: HIST 200): \_\_\_\_\_

Extended Time 1.5       Extended Time 2.0

USC Email: \_\_\_\_\_

Reader       Scribe

Contact phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Test Month/ Date	Start Time	Standard Length

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

Additional Instructions: \_\_\_\_\_

Blue Book (provided by student)

Time of exam can be changed by student with DSP when scheduling

Scantron (provided by student or professor/TA)

### Test Arrival and Return Instructions:

Test will arrive at DSP via:

Test will leave DSP via:

Professor/TA will deliver to DSP on \_\_\_\_\_ (date)

Professor/TA will pick up exam on \_\_\_\_\_ (date)

Professor/TA will email exam to DSP

Student will return exam (in sealed envelope) to \_\_\_\_\_

Student will deliver to DSP (in sealed envelope)

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: \_\_\_\_\_