



## REQUEST FOR DSP PROCTORING

Disability Services and Programs (DSP)  
Grace Ford Salvatori Hall, Room 120

Phone: (213) 740-0776 | E-Mail: [exams@usc.edu](mailto:exams@usc.edu)

- \*This form must be *completed* by **both the Student and Professor** (or authorized TA/Staff).
- \*This form must be *delivered* by the **student (in person)** no later than **2 weeks** before the test date.
- \*For *Final Exams* – the **deadline** to submit this form for final exams is **Friday, April 14, 2017 @ 5 pm.**
- \**Time and a Half* only exams are proctored through the **Academic Department.**

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

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

USC ID Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Dept. and Course # (ex: Hist 200): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved Accommodations Requested:**

- Private Testing Room
- Computer use for Tests
- Extended Time 1.5       Extended Time 2.0
- Reader       Scribe
- Other: \_\_\_\_\_

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

Test Date	Start Time	Standard Length

**Exams must be completed during DSP office hours: M-F 9am-5pm, Finals 8am-6pm**

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

Contact during exam (REQUIRED): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Check boxes according to what may be allowed or needed:**

- |   |   |
|---|---|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Time of exam</b> can be changed by student with DSP when scheduling</p> <p><input type="checkbox"/> <input type="checkbox"/> Calculator</p> <p><input type="checkbox"/> <input type="checkbox"/> Open Book</p> <p><input type="checkbox"/> <input type="checkbox"/> Internet Access (provided by student via personal laptop)</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Day of exam</b> can be changed by student with DSP when scheduling</p> <p><input type="checkbox"/> <input type="checkbox"/> Scantron (provided by student or professor/TA)</p> <p><input type="checkbox"/> <input type="checkbox"/> Open Note</p> <p>Additional Instructions: _____</p> |
|---|---|

**Test Arrival 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)

Faculty Signature: \_\_\_\_\_

**Test Return Instructions:**

**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)

Date: \_\_\_\_\_