



Exam Proctoring Notice
ARMSTRONG/LIBERTY

SARC USE ONLY

Began: _____

Finished: _____

Student(s): _____

Instructor: _____

Office Phone: _____ Cell Phone: _____ (for questions during the exam)

Course: _____

Preferred Exam Date: _____ Preferred Exam Time: _____

How much time does the class have to take the exam? _____

Because many students receive extended time, are the students allowed to take their exam at a different time from the class?

☐ YES ☐ NO

Please list ALL instructions and/or items permitted during the exam. **IF IT IS NOT LISTED, THE STUDENT WILL NOT BE ALLOWED TO HAVE THE ITEM(S) IN THE EXAM ROOM.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Scantron | <input type="checkbox"/> Scratch Paper | <input type="checkbox"/> Pen or Pencil |
| <input type="checkbox"/> Blue Book | <input type="checkbox"/> Graphing Calculator | <input type="checkbox"/> Ruler |
| <input type="checkbox"/> Open Notes | <input type="checkbox"/> Scientific Calculator | <input type="checkbox"/> Chart/Table |
| <input type="checkbox"/> Open Book | <input type="checkbox"/> Four Function Calculator | <input type="checkbox"/> Personal Laptop |
| <input type="checkbox"/> Other (specify below) | <input type="checkbox"/> Cheat Sheet (specify below) | <input type="checkbox"/> Password (specify below) |

Other: _____

Password: _____

Cheat Sheet Specifications (size, double-sided, etc.): _____

For STUDENTS Only: I understand that it is against SARC policy to have a **cell phone or any electronic device** inside of the testing room at any time during the exam.

Student Signature: _____ Date: _____

Return of Exam:

- | | |
|--|----------------------|
| <input type="checkbox"/> Instructor to pick up. | Date and time: _____ |
| <input type="checkbox"/> Original mailed to Box. | PO Box: _____ |
| <input type="checkbox"/> Scanned and emailed. | Email: _____ |
| <input type="checkbox"/> Sealed and returned by student. | |