

# MHCC Testing Center EXAM PROCTORING CHECKLIST

**This is:** \_\_\_\_\_ **An accommodated test for a student with a disability.** *These exams are proctored **by appointment only**. Call (503) 491-7591 or stop by the Testing Center, Room 2335 to make testing arrangements.*  
\_\_\_\_\_ **A Make-up test**  
\_\_\_\_\_ **Other** (please specify) \_\_\_\_\_

Student: _____	Term: _____
Instructor: _____	Course: _____
Department: _____	Instructor Phone: _____

How much time is the class being given for the exam? \_\_\_\_\_

Test must be completed by the following day and time: \_\_\_\_\_

**NOTE:** *If the student does not complete the exam by the date and time you have indicated above, the exam will be returned to you and the student will need to contact you to request alternate arrangements, if applicable.*

**Please circle one**

Only the items indicated will be allowed into the testing room. If an item is left un-circled, it will be assumed that it is NOT allowed

Notes Allowed?	Yes	No
Open Book?	Yes	No
Calculator Allowed?	Yes	No
Scratch Paper Allowed?	Yes	No
Breaks Allowed?	Yes	No
Other/Special Instructions?	_____	

**Method of Exam Return:**

\_\_\_\_\_ Instructor picks up  
\_\_\_\_\_ Inter-campus mail to (dept) \_\_\_\_\_  
\_\_\_\_\_ Student delivers in sealed envelope to my:  
 Mail box     Office     \_\_\_\_\_

**Instructor's Signature:** \_\_\_\_\_

<b>For office use only</b>		
Received:	Log Book Page:	Returned: