

PROCTOR REQUEST FORM

Confidential

Office for Students with Disabilities
 109 Frist Hall
 Phone: (423) 425-4300
 Fax: (423) 425-2288 (Confidential)
 Email: OSDtesting@utc.edu (Confidential)

The STUDENT AND PROFESSOR/INSTRUCTOR SECTIONS of this form must be completed **BEFORE** services are provided. This form must be turned into the OSD Testing Center at least **3 business days** before the class scheduled test/exam date.

Name:		UTC E-mail Address:		Phone Number:		Course Title/Number:	
Please note: You are expected to take the test when indicated by your professor. You must get approval from your professor to change the scheduled exam time.							
Professor or Instructor must complete this section in its entirety. Please print clearly.							
Professor Name:		UTC E-mail Address:			Course Title/Number:		
Office Phone Number:				Department Phone Number:			
Exam information		Exam length for class	Test Aids Permitted (calculator, tables, etc.)	Indicate how OSD will obtain exam	Where to pick up and /or deliver exam	Professor Signature	
Test #1	Test #2	#1:		Email Fax	Building:		
Date:	Date:			Pick-Up Deliver			
Test #3	Test #4	#3:		Email Fax	Building:		
Date:	Date:			Pick-up Deliver			
Test #5	Test #6	#5:		Email Fax	Building:		
Date:	Date:			Pick-up Deliver			
Test #6		#6:					
Time:		Time:					
Time:		Time:					
Comments:							

Accommodations:

Extended Time: 1.5 2

Reader/Scribe

CCTV

Use of spell check/grammar check

Use of AT: Kurzweill Jaws ZoomText Dragon

Other:

OSD COPY

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