



EXAM PROCTOR REQUEST FORM

DIRECTIONS:

1. Complete this form and return it with the exam to the Student Success Center.
2. Have the student contact Heather Church, Assistant to the Dean of Student Services, at 248-8456, email at hchurch@bmcc.edu or stop by the Student Success Center to schedule an appointment.

Student's Name: _____

Instructor: _____ Course Number _____

PROCTORING INSTRUCTIONS:

Open book: Yes No

Open Notes: Yes No

Note Card(s): Yes No Note Card Requirements: _____

Calculator: Yes No

ATTENTION INSTRUCTORS: Students who are **registered with the Disability Services Office** will need to schedule with the BMCC Library staff at 248-8418 for the testing room located in the BMCC Library.

Regular Classroom Time Limit: _____

The exam must be completed by the following date: _____

Other Instructions: _____

COMPLETED EXAM NOTIFICATION:

Instructors will be notified by phone or email when exams are complete. The exam will be kept in the Student Success Center, Dean of Student Services Office.

STUDENT SUCCESS CENTER USE ONLY

Date Exam Received: _____ Date Proctored: _____

Time Exam Started: _____ Time Exam Finished: _____