



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 the Student Success Center at 248-8456, email at ssc@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.

STUDENT SUCCESS CENTER USE ONLY

Date Exam Received: _____ Date Proctored: _____

Time Exam Started: _____ Time Exam Finished: _____

Date & Time Exam Scheduled: _____