



CHICAGO STATE UNIVERSITY

Abilities Office FACULTY FORM-Virtual Test Proctoring

BEFORE you complete this form, you must **FIRST** visit <https://calendly.com/abilities/testproctoring> to **schedule** virtual test proctoring appointments
Please complete and return this form to the Abilities Office no later than **3 business days** before the scheduled date of the exam/quiz.

Student UID (900 number)

Student First Name

Student Last Name

Course Number

Course Title

Professor

Professor's email address

Date of test:

Test Completion Time *(please use the HH:MM format to indicate the allotted time for students **who are not** registered with the Abilities Office)*

WE CANNOT PROCTOR UNTIMED TESTS

1. What format will be used for exam administration? *(select an option from dropdown or write-in)*
2. How will the student receive the exam? *(select an option from dropdown)*
3. How will the Abilities Office receive the exam? *(select an option from dropdown)*
4. How will the exam password be provided to the Abilities Office? *(select an option)*

RULES FOR EXAM ADMINISTRATION *(check all that apply)*

Open Book

Use of calculator

Can use notes

Other specifications:

Additional information:

Exam will be received by
(indicate name of faculty person):

Exam will be returned to professor:

(OFFICE USE ONLY)

EXAM RECEIVED BY:

DATE:

ALOTTED TIME FOR EXAM:

DATE & TIME OF EXAM:

START TIME:

FINISH TIME:

ADMINISTERED BY:

DATE:

Division of Student Affairs
Abilities Office

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