Parker University <u>Accommodations</u> <u>Arrangement / Test Proctoring Request Form</u>									
Section 1:	To be comp	leted by student		Trimester:	Winter	Fall	Summer	Year:	
						- un	Summer	rear	
Name				Course					
Cell Phone				Instructor					
no. Instructor Section 2: The student should fill in test dates, start time of exams, and name of exam only. The student is liabile for the									
accuracy of the information below. The testing center will not be held liable or responsible for the accuracy of the information. Please do not list any lab practicals or assignments which will not be completed using accomodations done in the testing center. The Instructor should list standard time allowed to complete the exams, initial each line, note any special instructions, and sign completed form.									
				<i>i</i> >					Initials
Date of Exam		Time of Exam	xam (e.g., E	xam 1)	(without accommodations)			(Instructor)	
Special Instructions:									
Student Signature:						Date:			
Instructor Signature:						Date:			
Section 3: To be completed by proctor on day of exam. Student will sign off on start and end times.									
Start Time STUDENT SIGNATURE:									
	End Time		-						
Time Test Ended STUDENT SIGNATURE:									
Proctor Comments:									
Proctor Signature:						Date:			