****

**INSTRUCTIONS FOR FACULTY/COURSE TEST PROCTORING**

The Testing Center provides proctoring (supervised testing) services for students enrolled online at TAMIU who need to make up an exam or use Respondus Lockdown Browser.

All proctored exams are scheduled **by appointment**. Walk-ins are welcome upon availability.

To request a proctored exam, please contact us at 956-326-2131 or thetestingcenter@tamiu.edu.

It is the student’s responsibility to request proctoring services and notify you at least two weeks but no later than one week prior to the exam date requested.

The faculty member should fill out the form electronically and email it to thetestingcenter@tamiu.edu.

***All emailed forms must be submitted from the instructor’s university email in order to be valid.***

If you have any questions regarding proctoring services, please call (956) 326-2131 or email thetestingcenter@tamiu.edu.

****

**FACULTY/COURSE TEST PROCTORING**

|  |  |
| --- | --- |
| Today’s Date: |  |

|  |
| --- |
|  |

Instructor:

|  |
| --- |
|  |

Instructor Phone no:

|  |
| --- |
|  |

Email Address:

|  |
| --- |
|  |

|  |
| --- |
|  |

Exam Delivery:Paper-basedComputer-based

|  |  |
| --- | --- |
| Access Code (if necessary): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student First Name: |  | StudentLast Name: |  |

|  |  |
| --- | --- |
| TAMIU ID: |  |

|  |  |
| --- | --- |
| Student Email Address: |  |

|  |  |
| --- | --- |
| Name of the Test : |  |

|  |  |
| --- | --- |
| Course Number: |  |

|  |
| --- |
|  |

Start Time:

|  |  |
| --- | --- |
| Date of the Test: |  |

|  |
| --- |
|  |

End Time:

|  |
| --- |
|  |

|  |
| --- |
|  |

Will student(s) be allowed to test after start time? YES NO

|  |
| --- |
|  |

|  |
| --- |
|  |

Will exam time stop at specific time? YES NO

|  |
| --- |
|  |

If not, availability of exam and time allotted?

Please List Supplement Items allowed and special instructions for proctors:

|  |
| --- |
|  |
|  |
|  |
|  |

Signature of Instructor Date

|  |
| --- |
| Instructions for Return of Test |

|  |
| --- |
|  |

Email exam back.

|  |
| --- |
|  |

Instructor will pick up test

|  |
| --- |
|  |

Delivered to office (please specify best time for delivery and location)

Other (Please specify):