**Examination Transmittal Memo**

**(**Exam Proctoring Hours Mon-Thurs 8am- 6:30pm & Friday 8am- 1:30pm)

***Directions****:* ***Please fill out this form completely so DSPS staff may proctor exam as accurately as possible***

Date: 00/22/1999

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact phone #:** (\_\_\_) \_\_\_ - \_\_\_\_ **or** E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Instructor’s Name**

**Please administer the attached examination to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Student Name or Names**

* + - * + **Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
				+ **The exam may be taken on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ or thru \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**
* **Amount of time class gets on exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Internet access during exam:** Yes[ ]   No[ ]

**Additional instructions** (notes, open book, calculator, etc.) Be as detailed as possible:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**INSTRUCTIONS FOR RETURNING EXAMINATIONS**

**RETURN EXAM BY:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**I would like the exam returned to me the following manner (check one):**

[ ]  **Department Mailbox**

[ ]  **Campus Mail (Mailroom)**

[ ]  **Call me when the test is completed and I will pick it up (ext. # \_\_\_\_ )**

 \_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**-------------------------------------------------------------- DSPS OFFICE USE ONLY----------------------------------------------------------------------**

|  |  |
| --- | --- |
| **Allowed time:** | **Begin time:** |
| **1x=** | **Projected end time:** |
| **1.5x=** | **End Time:** |
| **2x=** | **Accommodation:** |
| **DATE:** |  |
| **ROOM:** |  |

**Delivered by:**

**Date:**

**Location:**