



Examination Transmittal Memo

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

Date: _____

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:

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. # ____)

DSPS OFFICE USE ONLY

Allowed time:	Begin time:
1x=	Projected end time:
1.5x=	End Time:
2x=	<u>Accommodation:</u>
DATE:	
ROOM:	

Delivered by:

Date:

Location: