

Faculty Approval Form
Disability Services Testing Center
978-665-4020 testing@fsc.edu

Student Name: _____ Fall Semester, 2007

Professor's Name: _____ Course: _____

Check one option

- Please proctor exams in the Disability Services Testing Center, Hammond 321.
- I will proctor this student's exams within my Department.

Choose a Delivery Option

- Student will pick up exam in a sealed envelope and deliver to proctor in Disability Services.
- Test will be emailed as attachment to testing@fsc.edu
- Test will be delivered to Disability Services at least two days prior to the exam, via intercampus mail.
- Test will be delivered to Disability Services by professor or designee.

Choose a Return Option

- Student may return test to professor in a sealed envelope.
- Disability Services may return test via campus mail to Department Mailbox.
- I will pick up the exam from Disability Services or will send a designee.

Signature of Professor _____ Date _____

Any other accommodations requested for a specific test must be noted on the test, i.e. (use of a page of notes, open book, etc).