

STUDENT CHECK-IN CHECK LIST

Disability Services & Programs Testing Center

WELCOME! To ensure you are ready for your exam, please check the following:

___ I have emptied my pockets (or the like) and put all of my personal belongings in a locker, including cell phone(s), smart watch, headphones and all other electronic devices, wallet, purse, keys, course materials, and any other non-approved items.

___ I understand the DSP Testing Center is not responsible for the loss or damage to any of my personal belongings.

___ I understand I may not access my personal belongings during my exam at any time without permission and supervision of a DSP staff member.

___ I understand I may not take my exam or any other testing materials into the restroom with me.

___ I understand DSP staff will notify me when my testing time is complete. I agree to turn over my test and materials at that time.

___ I understand I am responsible for returning items checked out to me by DSP when I turn over my exam.

___ I understand I am responsible for clearing my workspace after I have completed my exam.

___ I understand that late arrival does not extend my accommodated testing time.

___ I understand the DSP Testing Center is monitored by video surveillance and personal proctors.

___ I understand that any issues that arise related to my testing will be documented and provided to the Professor.

___ I understand I am responsible for abiding by the University's Academic Integrity Policy and the Professor's class policies while taking this exam. Failure to abide by these policies may result in an SJACS report.

Name: _____

Date: _____

Signature: _____