

UNIVERSITY OF DALLAS

Satish & Yasmin Gupta College of Business

GRADUATE COB Proctor Cover Sheet -- Make-up Exams (not ADA)

Section A is to be completed by the Professor.

Student Name: _____ Student Cell #: _____

Professor: _____ Course: _____

Exam Day: **Friday** Date/Time: _____

Exam Duration Permitted by Professor: _____ hours _____ minutes

Materials Permitted by Professor (for example, calculator, dictionary, notes, etc., be specific):

Special Instructions _____

Section B is to be completed by the proctor.

Student ID has been checked: YES ◀ (*please circle*)

Proctor Name: _____

Time Exam Began: _____ Time Exam Completed: _____

Proctor Signature: _____ Date: _____

Proctors, return all COB exams to locked box, Agnello Mendes, SBH 131 or Gail Schroeder, SBH 202.

Do not return exams to student workers.

Section C is to be signed by the student.

By signing below, I verify that I completed the attached exam in accordance with the University of Dallas Academic Honesty and Student Code of Conduct Policies.

Student Signature: _____ Date: _____