TO: Elaine Shively / The Learning Center

FROM: ___________________________________________ EXTENSION/CELL: ______________

DATE TEST SENT: _______________ COURSE: _____________________________________________

TYPE OF EXAM: ______ Make-up ______ Online ______ SAS ______ Other

TEST OPEN DATE: _______________ TEST CLOSE DATE: _______________

NAME OF STUDENT(S): ____________________________________________

REGULAR CLASS TIME allowed for test: (check one) □ 50 min. □ 75 min. □ Other ________

*SAS will determine the total testing time based on the individual student’s accommodations.*

TEST INCLUDES: Math Questions _______ Essay Questions _______

AIDS PERMITTED: Please check all aids allowed for this exam:

- _____ calculator (circle type) basic/scientific/graphing
- _____ textbook
- _____ notes
- _____ charts, graphs, tables
- _____ scrap paper (destroy)
- _____ scrap paper (collect)
- _____ other (please explain)

EXTRA TESTS: I have included _____ extra tests for any student not listed by name.

COMPLETED TEST INSTRUCTIONS:

- _____ HOLD completed exam for my pickup at the Learning Center.
- _____ SCAN completed exam to me at my email address: ________________________________

If SCAN is selected, please indicate if you would like testing materials destroyed after your confirmation of receipt or if you would like a copy retained for your records.

INCOMPLETE TEST INSTRUCTIONS: If the student does not complete the exam by the close test date or by the end of the semester, would you like the exam to be retained for your pick up or destroyed?

- _____ DESTROY  _____ RETAIN

OTHER SPECIAL INSTRUCTIONS: _______________________________________________________

TESTING CENTER REMINDERS

*Fall/Spring/Summer*

*By appointment only*

*Scheduled at least 48 hours in advance*

*Must occur during hours of operation*

*Coversheets must accompany all exams*
ONLINE EXAM PASSWORD: 

ADDITIONAL INSTRUCTIONS:

For Academic Services Only:

Proctored by: ___________________________________________ Date: ____________

Exam Time Permitted: _____ hour(s) _____ min. Exam Time Begin: ________________

Exam Time End: __________________________ Exam Time Take: _____ hour(s) ____min.

Faculty Signature: ___________________________________________ Date: ____________