TO: Testing Center

FROM: ___________________________ OFFICE/BUILDING: ______________ EXTENSION: ______________

DATE TEST SENT: _______________ COURSE: ______________________________________________________

MAKE-UP TEST DATE:

_____ Student must take the exam ______________________ (time/date).

_____ Student may take the exam any time the Testing Center is open on a walk-in basis not to exceed:

___________________________ (time/date).

PLEASE NOTE: The Testing Center will firmly honor your deadline unless we hear from you by email or phone. Please do not send word with a student regarding deadline changes.

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.

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

_____ calculator (circle type) basic/scientific/graphing _____ scrap paper (provided, not provided)

_____ textbook _____ notes

_____ charts, graphs, tables _____ other (please explain)

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

COMPLETED TEST INSTRUCTIONS:

_____ SCAN and SHRED test (tests will be held for a brief security period)

_____ SCAN and HOLD test for me to pick up

OTHER SPECIAL INSTRUCTIONS: ______________________________________________________________

TESTING CENTER HOURS

FALL 2022

August 25 - December 9

Mon. - Tue. 9:00 a.m. – 6:45 p.m.

Wed. - Thu. 9:00 a.m. – 4:45 p.m.

Fri. 9:00 a.m. – 3:00 p.m.

Closed: September 5, November 11, November 23-24

8/24/2022