TO: Elaine Shively / The Learning Center

FROM: ____________________________ OFFICE/BUILDING: ____________ EXTENSION: ____________

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 ■ scrap paper (destroy)
■ textbook ■ scrap paper (collect)
■ notes ■ other (please explain)
■ charts, graphs, tables

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: __________________________

■ DESTROY ■ RETAIN

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 HOURS

Fall/Spring Hours
Wed. 6:00 p.m. – 8:00 p.m.
Thurs. 1:00 p.m. – 3:00 p.m.
Fri. 10:00 a.m. – 12:00 p.m. & 1:00 p.m. – 3:00 p.m.

Summer Hours
By appointment only.
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: ____________