TESTING REQUEST FORM
FOR TESTING CENTER IN LIBRARY

Student's Name:_____ (Please print)

Current Date:_____ Last Date to Complete Test: _____

Instructor's Name:_____ (Please print)

Course:_____

Accommodations Needed: _____Yes [1-2]   _____No

Proctor Required: ____Yes [2]   _____No

[1] **Students must have completed form on file each semester with testing services.**

[2] **Please note that tests are done by general observation only unless the student makes an appointment with testing services one week in advance for accommodations or proctoring. It is the student's responsibility to inform you of the date/time of appointment. The instructor is responsible for making sure the test is there at the time of the appointment.**

Student(s) may have access to the following (be specific … please):

_____

_____

Time Limit for exam is _____ hour(s) and _____ minutes.*

*Indicate the regular test time.   Do not include extended time.   Extended time for accommodations will be noted on self-identification letter from Disability Services and will be calculated when the test is administered.

Completed tests will be returned to the instructor's mailbox in Faculty Support the day following completion of the test.

Tests not completed by the "Last Date to Complete Test" will be shredded at the end of the semester.

Office Use Only: Date Taken: _____	
Time In:	Administered by:
Time Out:	Received by: