



Testing Services Request Form

Student Name: _____ Test Date(s) _____
(for web courses, attach list of student names)

Instructor: _____ Course Number _____

INSTRUCTOR:

To insure students are tested under the conditions you desire, please answer **all** questions on this form.

- Make-Up Exams: one intake form is needed for each student
- Paper/Pencil Exams: attach a test for each student
- Please note: Testing Center staff are not available to SCAN, FAX or Email exams

Type of Course: Web Face-to-face Web-enhanced

Type of Test: On Computer Paper/Pencil Other _____

Desired Testing Conditions

Timed test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duration: _____
Allow notes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Allow books?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Allow calculator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____

Additional Comments: _____

Test to be picked-up by: _____

OFFICE USE ONLY

LK# _____ TBL# _____ COM# _____

Type of identification _____ INT. _____

Test Taker Signature:

In _____ Time In _____ Date _____

Out _____ Time Out _____

Instructor Signature _____ Date _____