Proctoring Request

Instructor – A SEPARATE FORM IS REQUIRED FOR EACH STUDENT: Place this form, completed in its entirety, together with test and all necessary materials in an interoffice envelope. Forward EACH PACKET via interoffice mail to: The Testing Center, Student Services, A-119E.

INSTRUCTOR INFORMATION

Instructor: _____________________________________ Office phone: ____________________ Alternate phone: ____________________
Course: ___________________________________ Signature: __________________________________ Date: __________________

STUDENT INFORMATION

Student name: ___________________________________ Banner ID# ____________________

TEST INFORMATION

I request use of the testing center to proctor a:
 A MAKE-UP TEST --- OR ---  Test for DOCUMENTED ACCOMMODATION
Test name: ___________________________________ Test deadline: (STRICTLY ENFORCED) ____________________

REMEMBER: The Testing Center maintains regularly scheduled hours and is not an “on-call” facility. We make every attempt to work with students’ Schedule Limitations but cannot guaranteed testing at specific times/days.

Time allotted to take test: ____________________ *Time allotted the rest of the class? ____________________

*If this timeslot is allotted for extended time due to DOCUMENTED ACCOMMODATIONS, students are permitted 1.5 times the regular class time allotment. i.e.: Class has 60 minutes. X 1.5 = 90 minutes.

TESTING INSTRUCTIONS

During the test, please check the items that may be used:
ANSWER ON: ☐ Blank paper ☐ Blue Book ☐ ScanTron ☐ Directly on test
SUPPLIES ALLOWED: ☐ Calculator ☐ Dictionary ☐ Thesaurus ☐ Scratch paper ☐ Open book ☐ Open notes ☐ Note cards
ACCOMMODATIONS: ☐ Quiet room ☐ Extended Time
☐ Scribe or reader *If required, an appointment MUST be made through Cathy Lewis at 860-215-9263

ADDITIONAL INSTRUCTIONS: ________________________________________________________________________________

Upon student’s completion of test (or end of semester), your materials will be sent back to you via interoffice mail.

FOR TESTING OFFICE USE ONLY:

Date of appointment: ____________________ Time of appointment: ____________________
Start of test: ____________________ End of test: ____________________
Questions, comments, concerns: ________________________________________________________________________________
Proctored by: ____________________ Date: ____________________

Revised 04/09/2014 CHL