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 Mailbox, A103 or Welcome Center, Room A-113.

### INSTRUCTOR INFORMATION

<table>
<thead>
<tr>
<th>Instructor: __________________________</th>
<th>Phone: ________________</th>
<th>Date: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course: ____________________________</td>
<td>Signature: ____________________________</td>
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</tbody>
</table>

### STUDENT INFORMATION

| Student name: __________________________ | Banner ID# ____________________________ |

### TEST INFORMATION

**I request use of the testing center to proctor a:**

- [ ] MAKE-UP TEST  
- [ ] Test for DOCUMENTED ACCOMMODATION

**Test name: __________________________ | Test deadline: (STRICLY 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 guarantee 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  
- [ ] Online

**Supplies allowed:**  
- [ ] Calculator  
- [ ] Dictionary  
- [ ] Thesaurus  
- [ ] Scratch paper  
- [ ] Open book  
- [ ] Open notes  
- [ ] Note cards

**Accommodations:**  
- [ ] Quiet room  
- [ ] Extended Time  
- [ ] Headphones  
- [ ] Scribe  
- [ ] Reader  
- [ ] Other (please explain below)

**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:

<table>
<thead>
<tr>
<th>Date of appointment: __________________________</th>
<th>Time of appointment: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start of test: ______________________________</td>
<td>End of test: ________________________________</td>
</tr>
</tbody>
</table>

**Questions, comments, concerns:** __________________________

**Proctored by: __________________________ | Date: __________________________ |**