

Test Proctoring Center Request for Student to Take a Test

This request form **must be completed by the instructor and returned to the Testing Center** with all test materials. If you have any questions, please feel free to contact the Testing Center for assistance, 419-434-4697 or 419-434-5671.

Please remind the student that it is the **student's responsibility to make an appointment** in the Testing Center at least one (1) day in advance. **Student must present a photo ID before taking the test.**

INSTRUCTOR MUST COMPLETE THIS SECTION

 Student's Name

 Course Name and Section Number

 Instructor's Name

 Instructor's Phone Number

Last date allowed to take test: ____/____/____ (Please Specify)

Only those students with an acceptable documented disability will be allowed extended time. If you suspect that a student has a disability, please refer them to the Office of Disability Services.

The amount of time given to students in the classroom is ____ Hour ____ Minutes. **(Required Information)**

____ Please make appropriate accommodations per ODS Shaded area for Testing Center Use Only (Total time allowed per ODS: ____ Hour ____ Minutes)

What items is the student allowed to use? **(Please specify. The student will not be allowed to have anything but the test unless noted.)**

___ Pens/Pencils

___ Text Book

___ Notes

___ Calculator

___ Scratch Paper

___ Other _____

Method of return to instructor *If not indicated, test will be held in the Testing Center for pick-up. **Delivery is not provided.**

___ Instructor will pick up test

___ Interoffice Mail

___ Other: _____

Testing Center Use Only

Date
 Received ____/____/____
 Logged in
 by: _____

I have read and understand the Testing Center Rules.

 Signature of Test Taker
 ___ Tester provided a valid ID.

Date
 Taken ____/____/____
 Start Time: ____ am/pm
 Finish Time: ____ am/pm
 Room # _____
 Accommodation _____
 Monitor _____

Date
 Returned ____/____/____
 ___ Picked up
 ___ Mailed
 Logged out
 by: _____