Testing Center Request for Student to Take a Test

This request form **is to 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, 419-434-5122 or 419-434-5532.

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

Student's Name Instructor's Name		Course Name and Section Number	
Students in the classroom	will be allowedHour	Minutes. (Required Inform	ation)
and Inclusion. Only those	ations will be made for those se students with an acceptab Ident has a disability, please	le, documented disability wil	
What item(s) is the studer but the test unless note	nt allowed to use? (Please spe d.)	ecify. The student will not be	allowed to have anything
Pens/Pencils	Text Book	Notes Co	mputer
Calculator	Scratch Paper	Other	
For online exams, descr	ribe "Submit" screen		
Method of return to inst provided.	ructor. If not indicated, test will	be held in the Testing Center	or pick-up. Delivery is not
Instructor or AA will pick up test		Online Exam (No Pickup Necessary)	
Interoffice Mail – (not recommended)		Other	
Testing Center Use O	nly		
Date	Tester provided a	Date	Date
Received//	valid ID.	Taken//	Returned//
Logged in by:	ID#	Start Time:am/pm	Picked up
	I have read and	Finish Time:am/pm	Mailed
Type of Test	understand the Testing	Room #	Online/Other
Accommodation	Center Rules.	Monitor	Logged out by:
Courtesy Exam	Signature of Test Taker		