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's must present a photo ID before taking the test.**

INSTRUCTOR COMPLETES THIS SECTION				
				
Student's Name		Course Name a	ınd Section Numbei	r
Instructor's Name		Instructor's Pho	one Number	
Last date allowed to take test:/(Please Specify)				
Students in the classroom will be allowedHourMinutes to take this exam. (Required Information)				
Appropriate accommodations will be made for those students registered with the Office of Accommodation & Inclusion. Only students with an acceptable, documented disability will be allowed extended time.				
What item(s) is the student allowed to use? Please specify. The student will not be allowed to have anything but the test unless noted.				
Pens/Pencils Textbook Other	Notes	Computer _	Calculator	Scratch Paper
If the student arrives before their scheduled time, they may begin the test:YESNO				
For Online Exams, describe "Submit" screen				
Method of return to instructor *If not indicated, test will be held in the Testing Center for pick-up. Delivery is not provided. Instructor or AA will pick up test Online Exam (No Pickup Necessary) Interoffice Mail (not recommended) Other:				
WHEN SIGNING IN TO TAKE TEST:				
Test Taker: I have read and understand the Testing Center Rules. Signature:				
Tester provided valid photo ID UF ID#:				
TESTING CENTER USE ONLY				
Date Test Received//	Date Taken/		Date Test Returne	ed// icked up
Logged in by:	Start Time:			ailed
Accommodation:	Finish Time:		Loggod out but	
Courtesy:	Room Mon	itor	Logged out by:	