Test Center Form

Redwood: 956-7340  Riverside: 245-7777  Table Rock: 245-7820

Instructor _______________________ Phone _______________ E-Mail ______________________

Start Date _______________  End Date _______________  Course ______________________

# Copies ___________  □ Midterm  □ Final Exam  Test # or ID ___________

Student(s):

Note: Online instructors should attach a roster for each exam.

Student Name(s):______________________________  Time Limit: ______ Hr ______ Min

________________________________________________________________________

List additional students on the reverse side of this form.

Accommodated Student(s):

Student Name(s):______________________________  Time Limit: ______ Hr ______ Min

________________________________________________________________________

List additional students on the reverse side of this form and identify them as accommodated.

Please Complete these Testing Guidelines:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Comments</th>
</tr>
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Scantron Needed......................... □ ........... □  
Text Permitted ......................... □ ........... □  
Notes Permitted ....................... □ ........... □  
Calculator Permitted ................. □ ........... □  
Dictionary Permitted ................. □ ........... □  
Thesaurus Permitted .................. □ ........... □  
Computer Use Permitted ............ □ ........... □  
(Computer use must be scheduled in advance.)

Private room required ............... □ ........... □  
(Room must be scheduled in advance.)

PLEASE NOTE WHERE AND WHEN YOU WOULD LIKE COMPLETED TESTS SENT, OR IF YOU WILL PICK THEM UP YOURSELF.

WHERE_______________  WHEN_______________  PICK-UP ___________

Updated 7/12/2016