

Test Center Form

 On-Line
 Course

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

_____ Time Limit: _____ Hr _____ Min

_____ Time Limit: _____ Hr _____ Min

_____ Time Limit: _____ Hr _____ Min

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

Please Complete these Testing Guidelines:

	YES	NO	Comments
Scantron Needed.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Text Permitted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Notes Permitted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Calculator Permitted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dictionary Permitted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thesaurus Permitted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Computer Use Permitted	<input type="checkbox"/>	<input type="checkbox"/>	_____
<small>(Computer use must be scheduled in advance.)</small>			
Private room required	<input type="checkbox"/>	<input type="checkbox"/>	_____
<small>(Room must be scheduled in advance.)</small>			

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