

TESTING CENTER Proctored Test Form
Building "B", Room B-07 309-341-5323

kwatson@sandburg.edu

(Please Print) STUDENT TEST INFORMATION Student(s):

Course: _____

Instructor: _____

Contact Phone #: _____ Cell/Home Phone #: _____

TESTING INFORMATION Test to be taken (i.e., Chapter 2, Exam #1, etc.):

Test Dates: Beginning _____ Ending _____

Time Allowed in Minutes: ___ 30 ___ 50 ___ 60 ___ 75 ___ 90 ___ 120 ___ Other _____

Please check any resources the student may use while taking the test: Open Book ___ Calculator
(standard/scientific/graphing) ___ Notes Allowed ___ Return/Attach scratch paper ___
Dictionary/Thesaurus ___ Other _____

Use of Computer Moodle password:

Special Instructions: _____

Return of Test(s): ___ Campus Mail ___ Instructor will pick up ___ Other (specify) Attach this form to
the test and deliver to the Galesburg Testing Center. Please note that forms/materials can be delivered
via email as well.

FOR TESTING STAFF USE ONLY: Date Test Received: _____ Staff Initials: _____ Date Exam
Taken: _____ Staff Initials: _____ Start: _____ End: _____ Check Point Threat
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