

TESTING CENTER

Proctored Test Form

Building "B", Room B-07

309-341-5323

mray@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: _____