

Student Success Center

Test Request Form

Student, Please Note:

Cell phones and other electronic devices are prohibited during exam time. Instructors will leave comments for materials that are permissible during the exam (e.g., calculators, note cards and charts).

Student Initials: _____

TO BE COMPLETED BY INSTRUCTOR:

SEMESTER: _____

INSTRUCTOR: _____ DEPT. _____

CLASS: _____

STUDENT TAKING TEST: _____

ID # _____ TEST DATE: _____

TEST TIME: FROM: _____ TO: _____

- MATERIALS THE STUDENT MAY USE DURING THE TEST: (PLEASE LIST)
- INSTRUCTIONS FOR ADMINISTERING TEST:

INSTRUCTOR PICK-UP TIME:

DATE: _____ TIME: _____

TO BE COMPLETED BY STUDENT AT THE TIME OF TESTING:

STUDENT NAME: _____

STUDENT SIGNATURE: _____

DATE: _____ STARTING TIME: _____ FINISHING TIME: _____

TO BE COMPLETED BY SSC STAFF:

ADMINISTRATOR'S DECISION TO STOP TEST:

TIME: _____ REASON: _____

DATE ACTUALLY TAKEN: _____

STARTING TIME: _____ FINISHING TIME: _____

STAFF SIGNATURE: _____

INSTRUCTOR'S INITIALS: _____ DATE PICKED UP: _____