

TEST PROCTORING REQUEST

CLASS (Prefix Number
and Name): _____

PROFESSOR: _____

TEST NAME: _____

TEST PASSWORD: _____

TEST START DATE: _____

TEST END DATE: _____

TEST TIME LIMIT: _____

SPECIAL TEST

INSTRUCTIONS: CLOSED BOOK/NOTES

OPEN BOOK/NOTES

OPEN BOOK/CLOSED NOTES

OTHER: _____

CALCULATOR:

NO CALCULATOR ALLOWED

ANY CALCULATOR ACCEPTABLE (NOTE: Students will be able to use any stand-alone calculator but NOT a cell phone, tablet or computer calculator)

RESTRICTED CALCULATOR ACCEPTABLE as described below (NOTE: Students will be able to use the restricted stand-alone calculator but NOT a cell phone, tablet or computer calculator):

PASSWORD:

DO NOT TELL STUDENTS THE PASSWORD (proctor please enter the password without the student watching)

ACCEPTABLE TO LET STUDENTS TYPE IN PASSWORD

(check if other instructions on page 2)

ROSTER ATTACHED

ROSTER ON PAGE 2