

Learning Support Services Test Instructions: Semester: _____ Yr: _____

(Deliver test and test instructions to LSS [LA 104] at least 1 day prior to student test appointment)

Student Name: _____

Instructor Name: _____

Contact phone number: _____ E-Mail _____

Course Prefix and Number: (ex: ENG 090) _____

Instructions:

____ Scantron ____ Written Test ____ Blue Book

____ Blackboard: Date(s) of availability: _____

Password: _____ Secured? ____

Student may use:

____ Scrap Paper ____ Attach to test
____ Calculator, Protractor: (Circle all that apply)
____ Open Notes: (Specify extent of open notes allowed)

____ Open Book ____ Dictionary ____ Spell Check ____ Word Processing
____ Other: Details: _____

Time Allotment (time given to other students taking the test): _____

(Learning Support Services will calculate extra time for student based on time given to other students taking the test)

Are other students taking test in Test Center? Y_____ N_____

Test due by: _____ (if a student requests a test taking appointment that is beyond a test due date, LSS will either refer the student to the instructor for approval of an extension or contact the instructor directly. Please notify the LSS proctor of the approved extension and final due date.)

____ **Deliver test to** (mailbox location): _____

____ **Instructor to pick up test**

Learning Support Services Use Only:

____ **Note to Instructor: If checked, student opted to make a testing appointment that resulted in having less test taking time than the full extended test taking time allowable. See reverse side of form for more information.**

Test # _____ Proctored by _____ Date: _____ Delivered by _____ Date: _____

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