



## Testing Request Form

### Student Section:

All quizzes/tests are given by appointment. Discuss a date and time with your professor, and provide them this form. Email or schedule online through website at least 48 hours in advance.

|                            |                             |
|----------------------------|-----------------------------|
| Name: _____                | Date: _____                 |
| Email address: _____       |                             |
| Instructor: _____          | Course: _____               |
| Requested test date: _____ | Requesting test time: _____ |

### Professor Section:

Please include a copy of the exam with this form and email (preferred method), deliver or send to the Testing Center at least 48 hours before agreed upon testing appointment.

|  |                                      |                                       |
|--|--------------------------------------|---------------------------------------|
| By signing below I agree to allow the above student to utilize the Testing Center and understand the quiz/test will be proctored and the quiz/test will be returned to me. I also agree to the time indicated above. |                                      |                                       |
| Signature: _____   | Date: _____                          |                                       |
| Phone number where you can be reached during above testing time: _____   |                                      |                                       |
| Office location where test should be returned: _____   |                                      |                                       |
| Please specify what test materials can be used:  |                                      |                                       |
| <input type="checkbox"/> Calculator  | <input type="checkbox"/> Ruler       | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Open Book   | <input type="checkbox"/> Class notes |                                       |
| Please specify the standard amount of time allowed for in-class testing (SDSS will alter time for accommodations, as needed): _____  |                                      |                                       |
| Notes: _____   |                                      |                                       |

|   |                  |
|---|------------------|
| <b>Testing Center ONLY</b>                    |                  |
| Received date: _____                          | Delivered: _____ |
| Signature of department representative: _____ |                  |