

# PROCTOR REQUEST FORM FOR TESTING IN THE SAUK TESTING CENTER

DATE \_\_\_\_\_

NAME OF STUDENT(S): \_\_\_\_\_

\_\_\_\_\_

FACULTY MEMBER'S NAME: \_\_\_\_\_

FACULTY MEMBER'S CONTACT PHONE NUMBER: \_\_\_\_\_

FINAL DATE FOR PROCTORING EXAM: \_\_\_\_\_

COURSE NAME: \_\_\_\_\_ Exam Number: \_\_\_\_\_

INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_ No time limit

\_\_\_\_\_ Time limit of: \_\_\_\_\_

\_\_\_\_\_ No books

\_\_\_\_\_ No notes

\_\_\_\_\_ Open book only

\_\_\_\_\_ Open notes only

\_\_\_\_\_ Open book and notes

\_\_\_\_\_ Use a Scantron Sheet

\_\_\_\_\_ Instructional aides (calculator or \_\_\_\_\_)

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Recycle original for other students

COMPLETED EXAM(S):

\_\_\_\_\_ To be placed in campus mailbox

\_\_\_\_\_ To be picked up by faculty member

Send (or bring) completed form and exam(s) to the Testing Center, Room 1F2 at least 24 hours in advance of when the test needs to be administered. Tests will be filed in your folder in our locked file cabinet until the student arrives. If you have any questions, call extension 305. Thanks.