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 and ________________________________

_____ Other ________________________________

_____ Recycle original for other students

COMPLETED EXAM(S):

_____ Notice to be e-mailed when the exam has been completed.

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 530. Thanks.

Pickup Verification

<table>
<thead>
<tr>
<th>Date</th>
<th>Students</th>
<th>Instructor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>