Proctored Testing Information

Student’s Name(s): _____________________________________________________________

___________________________________________________________________________

Professor’s Name: __________________________________________________________________

Professor’s Email Address: _________________________________________________________

Professor’s Contact Number: _______________________________________________________

Class (Example: BIOL 1010, CRJU 2100, HIST 1520): ________________________________

Length of Class or Common Exam Period (Example: 50 min, 1 hr 15 min, 2 hr): ________________

Date(s) and/or Time(s) Exam May Be Taken: ___________________________________________

How exam will be returned (check all that apply):

___ Email to: ________________________________

___ Fax to: _________________________________

___ Student return in signed and sealed envelope to: _________________________________

___ Picked up by: __________________________

___ Campus Mail to: _______________________

Please list any specific instructions for the student and/or AS staff (Example: open notes, exam passwords):

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Note: If your exam requires specific timing of test sections, audio samples, and/or any action beyond
video monitoring by a proctor, you will need to make other arrangements for the exam.