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.