TESTING SERVICES REQUEST FORM *(ON THIS CAMPUS ONLY)*
MEDICAL EDUCATION CAMPUS
TESTING CENTER

Instructor's Name(s): _____ Today's date: _____
Office phone #: _____ Cell phone #: _____ ***(Must be reachable at one or the other)***
Course #: _____ Exam#/name: _____ # of exams: _____

Type of Exam: ☐ **Canvas:** Password (case-sensitive) _____
- (8 or more): test passes are required. Backup (paper or electronic test required).
☐ **Paper** (**ONLY for make-up exams**) *-(8 or more): provide class roster*

CHECK ALLOWED ITEMS FOR THE TEST (**No e-books allowed.)*

☐ Books (Title?)_____
☐ Notes
☐ Calculators
☐ Dictionary
☐ Scrap paper—collect for instructor ☐ **OR** destroy ☐ ?
☐ Scantron (provided by student)
☐ Lined paper
☐ Formula sheets, Charts & Tables (supplied by Instructor)
☐ Other (be specific)_____

Last date for exam to be *given and picked up* by instructor: _____
Time Limit *(it's required; if not listed, default time is (1) hour)*:_____
Additional Instructions: _____

PLEASE LIST STUDENTS TAKING EXAM; if more than 8, attach class roster (paper tests).

Legibly type/write student(s) name. **Check if SWA** Pick-up signature

1.	☐
2.	☐
3.	☐
4.	☐
5.	☐
6.	☐
7.	☐
8.	☐

- **Remember that the Center does not administer tests for *entire classes* at one time or give make-up tests during scheduled final exam weeks.**
  - ☐ *Exceptions: Students with accommodations (SWA)*
  - ☐ Only instructors or authorized employees will pick up exams/testing materials. *Lastly, for testing integrity reasons, this form is not to be given to students for drop off at the Testing Center as it will not be accepted.*