Out-Of-Class Exam Instruction Form								
This form must be filled out before testing can be scheduled and must accompany each test or group of tests.								
Testing Information								
Instructor Name:			Course #:			Exam #:		
Contact Number(s):		Contact Email:						
In the case of cell phone usage and/or cheating proctors should:								
Start/End Date of Test:			Alloted Time:		Te	Test Pick-Up Date:		
Allow student to use outside proctoring if the Te			sting Center is full? Yes 🗆 No 🗆 *If Yes see Third Party Proctored Test Request Form*					
Permitted Items: Calculator □		Notes/Card □	Book □ Scratch Paper □ Oth		Other:	ier:		
Type of Test (can check more than one)								
BlackBoard □ExampPassword:Password		•	Lock-Dov Website: Password:	Vebsite:		Scantron □ Paper Test □		
Student Information								
Name		Student ID I				Stuc	Student ID Number	
1				13				
2				14				
3				15				
<u>4</u> 5				16 17				
6				17				
7				19				
8				20				
9				21				
10				22				
11				23				
12				24				
 * Students are encouraged to schedule beforehand, walk-ins are permitted if there is room * Unlimited test time and dates are not permitted * Tests will be held at the Testing Center for faculty pickup * Tests cannot be held indefinitely * Tests will be discorded at the end of every semester 								
service distr required to con are any proct	rict area nplete a toring c	a, the student m and submit the ' costs, those cost	ay request a Third Party F s are borne s	g Center due to sche different proctor fro Proctored Test Requ trictly by the studen ay be selected from	om the lis lest and A lt. Any ou	t below. Stu Agreement f itside procto	dents are orm. If there or must be	
 A vocational rehabilitation counselor A faculty member or administrator at an accredited college or university A school superintendent, principle, or counselor A librarian at a public library A clergy member A corporate education director Others as may be approved by the institution 								