Proctoring Request

Instructor	
Phone#/Campus Ext. **(Proctors restricted to the 760 area code)**	
Testing Period (MM/DD/YY - MM/DD/YY)	
Course	
Number of Tests	
Testing Time limit	
Return Method	□ Campus Mail □ Pick-up* ***Tests left beyond testing deadline will be campus-mailed.**
Test Type	□ Scantron □ Fill-in/Essay
Items Allowed **(If not indicated, items will NOT be permitted)**	□ Calculators □ Notes □ Books/Texts □ Other (specify):_____
Special Allowances	