Proctoring Request

Instructor's Name	
Phone/Ext. or Email	
Testing Period (MM/DD/YY - MM/DD/YY)	
Course or Department	
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 :_____
Notes	