

TESTING SERVICES REQUEST FORM
MEDICAL EDUCATION CAMPUS
TESTING CENTER

Instructor's Name _____
Telephone (office) _____ (Emergency Contact) _____
Course _____ Exam# _____ No. of Units _____

CHECK ALLOWED ITEMS FOR THE TEST

- Books
- Notes
- Calculators
- Dictionary
- Books
- Periodic table (supplied by Instructor)
- Scantron (provided by Student)
- Lined paper
- Formula sheets, Charts & Tables (supplied by Instructor)

Last date for exam to be given: _____
Time Limit: _____ **Additional Instructions:** _____

PLEASE LIST STUDENTS TAKING EXAM

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

- **Remember that the Center does not administer tests for entire classes or give make-up tests during scheduled final exams.**
- *Exceptions: Students with accommodations (SWA) and Math I*
- Instructor or authorized employee will pick up the exam.