

TESTING SERVICES REQUEST FORM
MEDICAL EDUCATION CAMPUS
TESTING CENTER

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

Type of Exam: **Paper**
 Blackboard: Password (case-sensitive) _____
-Whole class requests (8 or more): test passes are required.

CHECK ALLOWED ITEMS FOR THE TEST (*No ebooks allowed.)

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

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

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

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 exams.**
- *Exceptions: Students with accommodations (SWA) and Math I*
- Instructor or authorized employee will pick up the exam.