



Testing Center Request

Instructor's Name _____

Course _____

Name of Test _____

Student's Name _____

Test Details:

Time Limit _____ Due Date _____

The Student is Allowed to Use (Check all that apply):

____ Notes ____ Book ____ Computer

____ Calculator ____ Instructor Resources ____ Phone

*****To be completed by the test moderator*****

Date Test Administered _____ Time In _____ Time Out _____

Student's A# _____ Student's
Signature _____

Test Moderator _____ Moderator's Signature _____