

Test Management Form

STUDENT	Student's Name: _____		Test Day: M T W T H F Test Date: _____	
	Class: _____		Time of Day Requesting: _____ Time Class is Testing: _____ If different because: <input type="checkbox"/> Time conflict with another class <input type="checkbox"/> Evening class, DRC not staffed <input type="checkbox"/> Other _____	
Professor: _____		Accommodation(s) allowed: <input type="checkbox"/> Extended time <input type="checkbox"/> Quiet Room <input type="checkbox"/> Audio taped test <input type="checkbox"/> Enlarged test <input type="checkbox"/> Electronic format <input type="checkbox"/> Other _____		
PROFESSOR – Deliver test with this form	Professor's Name: _____		Office: _____	
	Email Address: _____		Phone: _____	
	We may need to contact you during the exam if there are any questions.			
<input type="checkbox"/> Please Check if time student has requested to take the test meets with your approval. Comments: _____				
Instructions for Proctoring Test:				
Amount of time class will have for the exam: _____				
<input type="checkbox"/> Closed book <input type="checkbox"/> Open book <input type="checkbox"/> No notes <input type="checkbox"/> Open notes Calculator: <input type="checkbox"/> Basic <input type="checkbox"/> Scientific <input type="checkbox"/> Graphing <input type="checkbox"/> Formula sheet <input type="checkbox"/> Other _____				
Test Return Instructions:				
Please check below where you would like the test delivered.				
<input type="checkbox"/> To my office listed above- Best times to deliver test: _____				
<input type="checkbox"/> To my department office located in: _____				
<input type="checkbox"/> I will pick up				
<input type="checkbox"/> Other: _____				
DRC Use	Test Rec'd By: _____	Proctored By: _____	Delivered By: _____	Rec'd in Dept. By: _____
	Date: _____	Max. Time Allowed: _____ Start Time: _____ End Time: _____ Comments: _____	<input type="checkbox"/> Picked Up Date: _____ Time: _____ Comments: _____	Date: _____