

TESTING CENTER EXAM SUBMISSION FORM

The Testing Center administers:

- **make up exams for individual students** ▪ **exams requiring extended time** ▪ **on-line course exams**

Please submit a form with each exam at least **three days in advance** of the first test administration date.

Instructor's name: _____

Course name: _____ Course #: _____ Online Course? Yes No

Office phone # _____ Alt phone # _____

Instructor's office location and room # _____

Name of Student (if more than one, attach list): _____

Time limit on the exam: _____

Last date this exam is to be administered: _____

(Note: unused exams will be destroyed at the end of each semester.)

Materials allowed during exam:

Yes No Calculator: Graphing Scientific Basic

Yes No Multiplication table

Yes No Books

Yes No Notes

Yes No Dictionary

Yes No Electronic translator

_____ Other (please specify): _____

Specific instructions:

Yes No Scantron: BLUE or GREEN

Yes No Blue book

Yes No Scratch paper allowed

Yes No May write on exam

Yes No Center's Computer needed (no student laptops allowed)

Yes No Password protected exam (Passwords must be emailed to testingcenter@sunyrockland.edu at least 3 days in advance.)

_____ Other (please specify): _____

Return completed tests via:

_____ Interoffice mail (include room #) _____

_____ Faculty pick-up

<u>OFFICE USE ONLY</u>
DATE RECEIVED: _____
DATE ADMINISTERED: _____
DATE RETURNED: _____