

TESTING CENTER EXAM SUBMISSION FORM

Directions: Include all test administration instructions. 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: _____

Date exam is to be available until/must be taken by. (Note: un-administered exams will be returned 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 | Computer needed | | | |
| Yes | No | Password protected exam (Passwords must be emailed to testingcenter@sunyrockland.edu at least 3 days in advance.) | | | |
| _____ | | Other (please specify): | _____ | | |

Completed tests are to be returned to you via:

_____ Interoffice mail (include room #) _____
_____ Faculty pick-up

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