Testing Services
Test Administration Request Form

To Instructors:

- Your name must appear on each test if you are not using departmental tests.
- Identify on each test the course material covered (e.g., Chapter, Unit, or title).
- PLEASE remove your tests from the Center’s files after deadlines.

☐ Full Class tests (Permission granted by ADD and Dean of Academic Affairs).
☐ Make up for Individual Students ____________________ ____________________

Testing Information:

Instructor name:______________________________
Course Code:______________________________
Section number(s)______________________________
Unit # ________________________________
Date test submitted:______________________________
Phone number:______________________________
Dates test is to be administered:

__________________________________________________

Start ___________ End _____________

After this date test should be
☐ Shredded      ☐ Returned

Type of test submitted:
☐ Consumable (Student may write on test.)
☐ Non-Consumable (Work paper is supplied by Testing Center or Instructor.)
☐ Scored by Digital Desk
☐ Combination Computer Scored and Work paper
☐ Scantron Scored Test
☐ Angel Secure Browser
☐ Angel Password______________________________

Additional Instructions:______________________________

☐ Scantron Scored Test

How many tests are being submitted:

______________________________________________________________________

Special Instructions:

☐ Students may not use any material or equipment.

☐ Student may use the checked items:
☐ Textbook
☐ Calculator Type______________________________
☐ Chart (Supplied by Instructor)
☐ Formula Sheet (Supplied by Inst) ________________
☐ Notes
☐ Language Dictionary

Is a permission Slip necessary:
☐ Yes   ☐ No

All tests are to be picked up in the Testing Center by the Instructor or Learning Assistant. Under no circumstances will completed tests be returned via interoffice or postal mail, nor will homework or other assignments be collected from students.

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