**PROCTORED EXAM FORM**

**TESTING CENTER**

|  |  |  |
| --- | --- | --- |
| Instructor FULL Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| Course subject & number: Include chapter/exam #/HESI name/etc \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |

|  |  |  |
| --- | --- | --- |
| **Expected Testing Location:** | Testing Center East Peoria (L220) | Testing Center Peoria (Arbor 103) |

**May the student take the exam at another campus** **YES**  **NO**

**INSTRUCTIONS FOR TEST PROCTORS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **YES** | | |  | **NO** | |  | | |  | |  | |
|  | | |  |  | | Time Limit? | | If yes, how long? | | | |  | | |
|  | | |  |  | | Notes? | | If yes, what kind? (be specific) | | | |  | | |
|  | | |  |  | | Collect and Return listed notes w/exam? | | | | | |  | | |
|  | | |  |  | | Open Book? | | If yes, title of book(s)? | | | |  | | |
|  | | |  |  | | Calculator? | | If yes, what kind? | | | |  | | |
|  | | |  |  | | Computer exam? If yes, please attach further instructions. | | | | | | | | |
|  | | |  |  | | Additional Instructions? | |  | | | | | | |
|  |  | |  |  | | |  | | | | | |
| **Last Date to Take Test** | | | | YES  NO | | If Yes, what Date? | | |  | | | | | |

Test will be available to the student(s) until the **end of the business day** on the date listed unless otherwise indicated above**. If time is given, please indicate whether exam must be started by or completed by the time given above.**

**INSTRUCTIONS FOR COMPLETED TESTS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Hold** for faculty pick-up | | |  |  |
|  | Send through **inter-office** mail to: **Peoria campus – this may take up to 3 days** | |  | | |
|  | Scan & **Email** to: |  | | | |

**Please specify the email address**

**Testing Center should test any student that asks to take the exam? Please supply enough exams.**

**YES  NO, please limit to names of students given on back of sheet  Will contact to add names.**

**Reminders:**

1. All students need to make an appointment to take their exam.
2. Tests will be shredded 2 weeks after the last date to take an exam unless other arrangements are made. Any test without an end date will be shredded after the end of the semester.
3. If not submitting through our e-mail, this form MUST be printed on goldenrod paper.

**STUDENT(S) TAKING TEST:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Last Name** |  | **First Name** |  | **Access Services Student?**  **(Check if Yes)** | **Date Test Completed**  **(office use only)** | |
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Inventoried

NOTES:

**Office Use Only**

Test Logged In

Date:

Initials: