

**TESTING CENTER**

**Proctored Test Form**

Building "B", Room B-07

309-341-5323

[mray@sandburg.edu](mailto:mray@sandburg.edu)

**(Please Print)**

**STUDENT TEST INFORMATION**

Student(s): \_\_\_\_\_

Course : \_\_\_\_\_

Instructor: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Cell/Home Phone #: \_\_\_\_\_

**TESTING INFORMATION**

Test to be taken ( i.e., Chapter 2, Exam #1, etc.): \_\_\_\_\_

Test Dates: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Time Allowed in Minutes: \_\_\_ 30 \_\_\_ 50 \_\_\_ 60 \_\_\_ 75 \_\_\_ 90 \_\_\_ 120 \_\_\_ Other \_\_\_\_\_

**Please check any resources the student may use while taking the test:**

\_\_\_ Open Book \_\_\_\_\_ Calculator (standard/scientific/graphing)

\_\_\_ Notes Allowed \_\_\_\_\_ Return/Attach scratch paper

\_\_\_ Dictionary/Thesaurus \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_ Use of Computer

Moodle password: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Return of Test(s): \_\_\_ Campus Mail \_\_\_ Instructor will pick up \_\_\_ Other (specify)

**Attach this form to the test and deliver to the Galesburg Testing Center. Please note that forms/materials can be delivered via email as well.**

**FOR TESTING STAFF USE ONLY:**

Date Test Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Date Exam Taken: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_