

Testing and Assessment

Faculty Request for Testing Services

Instructor: _____ Date: _____
Department: _____ Cell Phone/Extension: _____
Course: _____ Section: _____ Test Name or #: _____
Access Code/Password: _____
Test Format: Paper/Pencil Canvas myMathlab Other: Please specify _____

INSTRUCTIONS

Deadline: _____ Open Date: _____ Close Date: _____
Return test to Instructor: Instructor pick-up Interoffice mail Scan and Email

Time Limit: _____ Hrs. _____ Min **(times for all exams are limited to the close of business)**
Time Method: Computer-timed Proctor-timed
Allow calculator _____ Yes _____ No Type of Calculator: _____
Allow personal notes _____ Yes _____ No Attach personal notes _____ Yes _____ No
Allow scratch paper _____ Yes _____ No Attach scratch paper _____ Yes _____ No
Allow textbook _____ Yes _____ No Textbook Name: _____
Allow eBook _____ Yes _____ No eBook Name: _____
Allow dictionary _____ Yes _____ No
Instructor Notes Provided _____ Yes _____ No (includes formula sheets, graphs, charts, etc.)

Additional Instructions:

Student Name(s): Please list individual student(s) **OR** attach roster

For Testing Staff Use:

Date Received: _____ **Testing Staff Name:** _____

Test Received from Instructor: via email through Test&Assess@pensacolastate.edu
 via Interoffice mail Instructor hand-delivery