

ACADEMIC ADVISEMENT  
-TESTING CENTER-  
**Test Proctoring Form**

In order to use this service, this form needs to be filled out in its entirety. Please follow directions noted on form.

**Testing Center Hours**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
By appointment	By appointment	By appointment	By appointment	By appointment
<a href="mailto:holdert@rlc.edu">holdert@rlc.edu</a> or ext. 1268	<a href="mailto:holdert@rlc.edu">holdert@rlc.edu</a> or ext. 1268	<a href="mailto:holdert@rlc.edu">holdert@rlc.edu</a> or ext. 1268	<a href="mailto:holdert@rlc.edu">holdert@rlc.edu</a> or ext. 1268	<a href="mailto:holdert@rlc.edu">holdert@rlc.edu</a> or ext. 1268

**Important Reminders to instructors:**

- Faculty must provide one test and one test proctoring form *per student* to the Testing Center, (Administration,116)
- All other materials needed for the exam should also be provided: scantrons, blue books, etc.
- Include instructions on how the test is to be returned at the bottom of this form.
- **Every attempt should be made to administer the test with the instructor. The Testing Center is a secondary resource, not the immediate answer for make up testing.**

**Important Reminders to students:**

- A Student ID is required to take test.
- Only approved materials allowed in testing area. No coats, backpacks, or cell phones allowed.
- Academic dishonesty will not be tolerated and the same penalties apply just as if you were testing in the classroom.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section I: To be completed by RLC Instructor**

Date: \_\_\_\_\_  
 Instructor name: \_\_\_\_\_ Phone : \_\_\_\_\_  
 Class: \_\_\_\_\_ Section: \_\_\_\_\_

Student name: \_\_\_\_\_

Exam must be taken between \_\_\_\_\_ and \_\_\_\_\_  
*Date* *Date*

Time limit for exam: \_\_\_\_\_

**Instruments allowed during the test:**

- None
- Calculator
- Open Notes
- Open Book
- Dictionary
- Scratch Paper
- Other: \_\_\_\_\_

**Disability Access Services Accomodations Needed:**

- None
- Reader
- Extended Time (Length: \_\_\_\_\_)
- Seperate/ Distraction Free Environment
- Computer
- Other: \_\_\_\_\_

**Test Return (Please circle):**

Return via campus mail Instructor pick up

**Section II: To be completed by Proctor**

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 Date returned to Instructor: \_\_\_\_\_  
 Proctor's signature: \_\_\_\_\_