

TEST PROTOCOL FORM

ID IS REQUIRED BY ALL STUDENTS AT THE TIME OF THE EXAM

Date: _____

Instructor Information: Name: _____ Dept.: _____**Contact Info:** E-mail: _____ Phone Number: _____

Name of student(s) allowed to take the attached exam (if you have multiple students, please provide multiple exams):

1.	3.
2.	4.

If you are allowing **anyone** from your class to take the exam, please indicate that by checking this box .
Please provide several copies of your exams so that we can better serve multiple students.

Indicate Testing Dates: From _____ To _____**Time Allowed:** _____ **DSPS Accommodations:** Time and a half Double time**Please check appropriate boxes:****Answering Materials:**

- Green Book
 Scantron
 Answer Directly on Paper

Resources:

- Closed Book or Open Book
 Closed Notes or Open Notes
 Dictionary Calculator
 Scratch Paper Note Cards

Allowed Electronic Devices: Laptop Cell Phone ebook Other _____*Note: If a student needs a computer to complete an exam, he/she may be set up in the main Success Center.*

Special Instructions and DSPS Accommodations, if applicable:

- I will pick up the completed exam in (LAC) L-212 or (PCC)EE-206 Place completed exam in Campus mail Mail Code: _____

If you plan to have someone pick up your exams for you, please let us know ahead of time who it will be:

*He/she will need a **picture ID** at pick up.*

MDSC Staff Only:

Date:	Start Time:	End Time:	Initials:
Date:	Start Time:	End Time:	Initials:
Date:	Start Time:	End Time:	Initials:
Date:	Start Time:	End Time:	Initials: