

**Out-of-Class Exam Instruction Sheet**



Received By: \_\_\_\_\_

**A completed copy of this form must accompany each test or group of tests sent to the Test Center.**

<b>INSTRUCTOR:</b>		<b>PHONE #:</b>	<b>DATE:</b>
<b>COURSE #:</b>		<b>TEST #:</b>	
<b>ONLINE OUT-OF-CLASS TEST</b>	<b>WEBSITE:</b>	<b>PASSWORD:</b>	
<b>CAN THE TEST BE GIVEN AT ANY TESTING CENTER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF NO, WHERE</b>			

<b>NAME OF STUDENT</b>	<b>Did you receive notice of testing accommodations from CSA for this student?</b>	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**MARK ANSWERS ON:**  Scantron  Test Booklet  Plain/Lined Paper  Bluebook  Other

**\*\*Notes, Books, or other aids will not be allowed unless specified by instructor.\*\***

**STUDENTS CAN USE:**

<input type="checkbox"/> Calculator	Specify type: <input type="checkbox"/> Basic <input type="checkbox"/> Scientific <input type="checkbox"/> Graphing <input type="checkbox"/> Other <i>Calculators with internet access are not permitted.</i>
<input type="checkbox"/> Notes	Return notes used for Test? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Open Book	Specify which Book:
<input type="checkbox"/> Graphs or Tables	Specify Type:
<input type="checkbox"/> Scratch Paper / Graph Paper	Return Scratch Paper with Test? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Other	Specify:

**TIME ALLOWED FOR IN-CLASS TESTING:** (If no limit is set, student will be allowed 75 mins.)

**NOTE: UNLIMITED TEST TIME IS NOT ACCEPTABLE.**

The TESTING CENTER will make the time adjustments as required for students with accommodations.

**Finish By** (optional)

**DEADLINE DATE:** **Time of Day:** **\*No test will be given after date/time indicated.**

\*If no deadline date is indicated, we will return tests one week from the date it was received.

-----**When Tests are Complete**-----

**HOLD** for Instructor Pickup  **RETURN** to Instructor – Mail Station # / Bldg

**Note: The Testing Center cannot accept class assignments or homework to/from the student or instructor.**

**For Test Center Use Only**

Date Taken: \_\_\_\_\_  
 Time Started: \_\_\_\_\_  
 Time Finished: \_\_\_\_\_  
 Test Deadline Expired/Returned to Instructor: \_\_\_\_\_

# Testing Center Test Time Waiver Form



Test Started: \_\_\_\_\_ Test Ended: \_\_\_\_\_

- I understand that I have arrived at the testing center too late to receive the full test time. I am voluntarily waiving the full test time and agreeing to take the test during the time remaining. I agree to relinquish my test 15 minutes prior to the Test Center close time.
- I understand there will be no extension of the Test Center closing time\*.  
\*varies by campus

**CSA Students Only**

I agree to waive my private location for this tests.

*I understand that this completed waiver form will be forwarded with the exam to my instructor.  
I have read and agree with the above statements.*

**Student's Name (Print)** \_\_\_\_\_

**Student's full signature** \_\_\_\_\_

**Student I.D. #** \_\_\_\_\_ **Date** \_\_\_\_\_

**Test Time Waivers are NOT permitted within 30 minutes of the Test Center closing.**