TESTING SERVICES

TEST PROCTOR REQUEST FORM
(for AAMU Faculty)

Instructor Responsibilities

1. **All proctored exams must be scheduled**

2. **Instructors must submit all requests at least (5) Business Days Prior to the first testing date.**

3. **Is the test for**   **[ ] INDIVIDUAL**   **[ ] GROUP**   **[ ] CLASS**

AAMU FACULTY INFORMATION

Instructor's Name	
Email Address	
Phone	
Course and Number (i.e. ORI 101, MTH 112, PHY 213)	
CRN	
Instructor's Office Building	
Instructor's Room Number	

AAMU EXAMINATION INFORMATION

Today's Date	
Date Test Opens	
Date Test Closes	
Name of Test	
Type of Test	[ ] PAPER [ ] ONLINE
If online, the website where the test is to be accessed. (i.e. Blackboard)	

TEST PROCTOR REQUEST FORM
(for AAMU Faculty)

INSTRUCTIONS FOR EXAM ADMINISTRATION
(Incomplete forms will be returned to instructor which may delay scheduling)

Exam Time Limit	
Calculator? [ ] Yes [ ] No	If yes, provide details of the type of calculator
Open Book/Notes? [ ] Yes [ ] No	If yes, would you like copy of the notes returned to you? [ ] Yes [ ] No
Scratch paper? [ ] Yes [ ] No	If yes, would you like the scratch paper returned to you? [ ] Yes [ ] No

SPECIAL ACCOMMODATIONS

Students requiring special accommodations for each exam must be authorized by Special Student Services prior to testing at 256-372-4263
Does any of your student(s) qualify for accommodations   [ ] Yes   [ ] No
List students below. Use additional sheets if needed.

	Student Name (FIRST LAST)	A#	*Indicate type of accommodations needed*
1			
2			

TEST PROCTOR REQUEST FORM
(for AAMU Faculty)

COMPLETE STUDENT INFORMATION

Complete the attached roster page of all students approved to take this exam.

Review the Testing Services Alabama A&M University Academic Honesty policy with your examinees http://www.aamu.edu/academics/academicresources/pages/academic-honesty.aspx.

Submit this form along with the attached roster to Testing Services at least (5) days before the exam date to testing@aamu.edu or Testing Center in the LRC (Drake Library) Room 125

Faculty Name _____

Signature _____

Date _____

For any questions or additional information, contact
Dr. Selicia S. Kidd
Director, Testing Services
256-372-5653
Selicia.Kidd@aamu.edu

For Proctor Use only:
Approved [ ]   Not Approved [ ]

Signature _____

*Date*_____

Date Exam returned _____

Method exam returned   _____

Signature: _____

TEST PROCTOR REQUEST FORM
(for AAMU Faculty)

CLASS ROSTER

List all students approved to take this exam. Provide additional copies as needed
(PLEASE PRINT OR TYPE)

	Student Name (FIRST LAST)	A#	Bulldog Email Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

TESTING SERVICES
TEST PROCTOR REQUEST FORM
(for AAMU Faculty)

	Student Name (FIRST LAST)	A#	Bulldog Email Address