



Test Proctor Request Form

Attn: Testing Services 125 LRC—P.O. Box 549—Normal Alabama 35762
Phone: 256-372-5628—testing@aamu.edu

All proctored exams must be scheduled.

Instructors Must Submit All Requests 2 Business Days Prior to the First Testing Date.

Student Information: Please list ALL students approved to take this exam. Use roster on Page 2 if needed.

Last Name: _____ First Name: _____

BANNER ID#: _____

Phone Number: _____ E-mail Address: _____

Faculty Information: Students must schedule appointments with Assessment Services 2 Business Days Prior to their Chosen Testing Date.

Last Name: _____ First Name: _____

E-mail Address: _____ Phone Number: _____

Course/Section: _____ CRN: _____

TEST: Individual Group Class

COURSE AND EXAM INFORMATION

Today's Date: _____

Test Opens: _____ Test Closes: _____

Test Type to be taken : Paper Online

Web site where test will be accessed : _____

***Special Accommodations for each exam must be authorized Disabilities Services (256-372-4263) prior to testing.**

Instructions for the administration of your exam: Incomplete form will be returned to instructor delaying scheduling.

Exam Time Limit : (Required Field) _____

Scantron? Yes No Scantrons are NOT provided by Testing Services.

Calculator? Yes No If yes, provide details of the type of calculator: _____

Text book? Yes No If yes, provide the ISBN and title of the book(s) allowed: _____

Notes? Yes No If yes, would you like a copy of the notes for each student? Yes No

Scratch paper? Yes No If yes, would you like the scratch paper returned to you? Yes No

Does this student qualify for Special Accommodations? Yes No

If yes, what testing accommodations are allowed on the student's Disability Notice? _____

Other Instructions: _____

