

**INSTRUCTOR NAME (PLEASE PRINT):** \_\_\_\_\_

These instructions will remain the same for all tests this semester.

Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

1. E-mail or bring this form filled out with the exam to the Testing Center 3 business days prior to the test date for exams not requiring accommodations. Tests requiring accommodations need to be received 3 business days prior to the test date by SAS.
2. Please complete ONE Test Administration form for EACH group of exams that has the same instructions. If an exam has specific instructions for one person complete the Test Administration form

Course Name: \_\_\_\_\_ Test Name/#: \_\_\_\_\_ Number of Exams dropped off: \_\_\_\_\_

Date/Time Test is Scheduled in Class: \_\_\_\_\_ Class Time Allowed for Exam: \_\_\_\_\_

Test May be Reused  Test must be taken by (date & time): \_\_\_\_\_

Student is using accommodations  Student's Name: \_\_\_\_\_

Persons Authorized to Pick-up test:  Myself only Other Person: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Phone Number: \_\_\_\_\_ E-mail (please print): \_\_\_\_\_

**Test Format:**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Multiple Choice                         | <input type="checkbox"/> True/False    | <input type="checkbox"/> Completion                          | <input type="checkbox"/> Short Answer/Essay |
| <input type="checkbox"/> Notes allowed                           | <input type="checkbox"/> No notes      | <input type="checkbox"/> Note cards                          | <input type="checkbox"/> Open book          |
| <input type="checkbox"/> Calculator allowed                      | <input type="checkbox"/> No calculator | <input type="checkbox"/> Dictionary allowed                  | <input type="checkbox"/> No dictionary      |
| <input type="checkbox"/> Use of scrap paper (returned with exam) |  | <input type="checkbox"/> All test materials must be returned |   |
| <input type="checkbox"/> Scantron                                | <input type="checkbox"/> Write on test | <input type="checkbox"/> Blue Book                           | <input type="checkbox"/> Head Set for sound |

**Special Instructions / Student's Name:**

If for a specific student(s) write name on exam and/or add below in special instructions

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**PART 2: FOR PROCTOR USE ONLY**

Testing Location:		Accommodations:	
<b><i>For Reader/Scribe Only:</i></b> I verify that the answers recorded were my responses to the test questions. <input type="checkbox"/>			
<b>Littleton Campus (M2210)</b> Phone: 303.797.5993 FAX: 303.797.5086 E-mail: <a href="mailto:TestingCenter@arapahoe.edu">TestingCenter@arapahoe.edu</a>	<b>Student Access Services (M2710)</b> Phone: 303.797.5937 FAX: 303.797.5810 E-mail: <a href="mailto:sas@arapahoe.edu">sas@arapahoe.edu</a>	Date:	Proctor:
<b>Castle Rock Campus</b> Phone: 303.660.3160 FAX: 303.660.3179 E-mail: <a href="mailto:Castle.Rock@arapahoe.edu">Castle.Rock@arapahoe.edu</a>	<b>Parker Campus</b> Phone: 303.734.4822 FAX: 303.734.3885 E-mail: <a href="mailto:ParkerCampus@arapahoe.edu">ParkerCampus@arapahoe.edu</a>	Start Time:	End Time: