

TESTING FORM



For all exams, arrangements need to be made 24 hours in advance. No walk-ins please.

Test # _____
(Office use only)

SAS Student _____

Make Up Student _____

STUDENT SECTION

Student ID Number _____ (Student must bring picture ID to the exam.)

Student: Last Name _____ First Name _____

Course Abbreviation & Number _____ Quiz Exam

Professor Name _____

Date of Test _____ Time _____

*Make up exam appointments are available on a limited basis during regular office hours. Exams must be scheduled 24 hrs in advance.

SAS STUDENTS ONLYPlease write your extra time you receive for testing (1.5x or 2x) _____

EXAM IS SCHEDULED: Same time as the class Different time of the class:

Please check that the request to change has been approved by the professor.

Reason For Change: _____

FACULTY SECTION Please check the items that apply to the test

Allowed for test:

Yes No

- Notebooks/Handouts
- Calculator
- Scrap Lined Paper (provided by testing center)
- Hard copy Dictionary (provided by testing center)
- Electronic Dictionary

Other: _____

*PLEASE NOTE THAT CELL PHONES/SMART WATCHES ARE NOT ALLOWED IN THE TESTING ROOMS. All devices will be stored in the main office of the Testing Center until the completion of the exam/quiz.

Answers provided on

Test directly

Blue Book

Scantron Blue Green

Other: _____

TIME ALLOWED for exam in classroom: _____

Special Instructions _____

Please provide the best way to reach you in case the student has a question:

cell phone: _____

e- mail address: _____

Method of Returning Test

Please check only one of the boxes

Professor pick up in Testing Center (OM 317) Scan and E-mail: _____
(email address)

Please drop off completed testing form with the test to Old Main 317. Form can also be sent via email to access@canisius.edu. If you have any questions or need further information please contact:

Testing Center • Old Main 317 • Monday-Friday 8:30am-4:30pm

(716) 888-2485 / access@canisius.edu

Sierra Bonerb (716)888-2476/rapones@canisius.edu • Matthew Tirado (716)888-2476/tiradom@canisius.edu

To be completed by Testing Center Staff ONLY

Exam # _____ Student Name _____ Room _____
Has Until _____ am/pm to complete test

RECEIVED TEST

____ / ____ / ____
Date _____ : _____ AM/PM _____ Initial

CONFIRM: Scheduled Exam: _____ Testing Materials: _____ Number & Log: _____

Test Started _____ / ____ / ____
Date _____ : _____ AM/PM _____ Initial

Test Finished _____ / ____ / ____
Date _____ : _____ AM/PM _____ Initial

EXAM RETURNED

Delivered to Departmental/Professor Office Location

Signature confirming delivery: _____ / ____ / ____
Date _____ Initial _____

Picked up by Professor

Signature confirming pickup: _____ / ____ / ____
Date _____ Initial _____

Scan and Email

_____ / ____ / ____
Date _____ Initial _____

Shredded

_____ / ____ / ____
Date _____ Initial _____

TEST INPUT

System Input _____ / ____ / ____
Date _____ Initial _____