

# 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 hours: Wednesdays 8:30am – 12:00pm & Fridays 1:00pm – 3:30pm\*\***

**\*\*SAS STUDENTS ONLY\*\*** Please 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: \_\_\_\_\_

TIME ALLOWED for exam in classroom: \_\_\_\_\_ Special Instructions \_\_\_\_\_

### Answers provided on

Test directly

Blue Book

Scantron Blue Green

Other: \_\_\_\_\_

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

cell phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

### Method of Returning Test (NO general department mailbox deliveries, signature required)

#### Please check only one of the boxes

Professor pick up in Testing Center (OM 317)  Testing Center staff will deliver to office: \_\_\_\_\_

(after first failed delivery attempt, professor will be asked to select a different return method)

Scan and E-mail (please print e-mail address): \_\_\_\_\_

Please check if you would like to pick up the original completed exam after the exam has been emailed:

**Please drop off completed testing form with the test to the Testing Center located in Old Main 317. Form can also be sent via email to [access@canisius.edu](mailto:access@canisius.edu). If you have any questions or need further information please contact: Testing Center (716) 888 2485 / [access@canisius.edu](mailto:access@canisius.edu) • Angela Bufalino at (716)888 2851/[bufalin2@canisius.edu](mailto:bufalin2@canisius.edu) • Sierra Bonerb at (716) 888-2476/[rapones@canisius.edu](mailto:rapones@canisius.edu)**

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.

To be completed by Testing Center Staff ONLY

Exam # \_\_\_\_\_ Student Name \_\_\_\_\_ Room \_\_\_\_\_  
Has Until \_\_\_\_\_am/pm to complete test

**RECEIVED TEST**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_ AM/PM \_\_\_\_\_  
Date Initial

**CONFIRM:** Scheduled Exam: \_\_\_\_\_ Testing Materials: \_\_\_\_\_ Number & Log: \_\_\_\_\_

**Test Started**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_ AM/PM \_\_\_\_\_  
Date Initial

**Test Finished**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_ AM/PM \_\_\_\_\_  
Date 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