

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 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

*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.

Allowed for test:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Notebooks/Handouts |
| <input type="checkbox"/> | <input type="checkbox"/> | Calculator |
| <input type="checkbox"/> | <input type="checkbox"/> | Scrap Lined Paper (provided by testing center) |
| <input type="checkbox"/> | <input type="checkbox"/> | Hard copy Dictionary (provided by testing center) |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 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

Angela Bufalino (716)888-2851/bufalin2@canisius.edu • Sierra Bonerb (716) 888-2476/rapones@canisius.edu

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