



# Administration of Exam Form

Brunswick	<a href="mailto:BrunswickTestingCenter@tri-c.edu">BrunswickTestingCenter@tri-c.edu</a>	216-987-3877
East	<a href="mailto:EastTestingCenter@tri-c.edu">EastTestingCenter@tri-c.edu</a>	216-987-2256
Metro	<a href="mailto:MetroTestingCenter@tri-c.edu">MetroTestingCenter@tri-c.edu</a>	216-987-4311
West	<a href="mailto:WestTestingCenter@tri-c.edu">WestTestingCenter@tri-c.edu</a>	216-987-5257
Westshore	<a href="mailto:WestshoreTestingCenter@tri-c.edu">WestshoreTestingCenter@tri-c.edu</a>	216-987-3888

**Please submit all exams two business days in advance of the start date to best support our Tri-C students**

<b>Exam Type</b>	STUDENT ACCESSIBILITY SERVICES	<b>Class Type</b>	ONLINE *SAS students only
	MAKEUP		BLENDED *SAS students only
			MEET

## Instructor Information

Instructor Name \_\_\_\_\_ Office Location \_\_\_\_\_

Office Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

## Exam Information

Course Name & Number \_\_\_\_\_ CRN \_\_\_\_\_

Exam Name \_\_\_\_\_ Class Time Limit \_\_\_\_\_

First Date \_\_\_\_\_ SAS Time Limit \_\_\_\_\_

Last Date \_\_\_\_\_

## Materials Permitted with Exam

*Only materials checked off are provided to the student.*

- |                                       |  |                                     |   |
|---------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> ANSWER SHEET | <input type="checkbox"/> HEADPHONES    | <input type="checkbox"/> BOOK(S)    | <input type="checkbox"/> ELECTRONIC NOTES   |
| <input type="checkbox"/> SCANTRON     | <input type="checkbox"/> LINED PAPER   | <input type="checkbox"/> NOTES      | <input type="checkbox"/> CALCULATOR <small>*Specify type below, such as graphing, scientific, basic, etc.</small> |
| <input type="checkbox"/> BOOKLET      | <input type="checkbox"/> SCRATCH PAPER | <input type="checkbox"/> DICTIONARY |   |
| <input type="checkbox"/> OTHER _____  |  |                                     |   |

## Administration

- |   |  |
|---|--|
| <input type="checkbox"/> PAPER EXAM                 | <input type="checkbox"/> OTHER WEBSITE _____ |
| <input type="checkbox"/> BLACKBOARD                 | <input type="checkbox"/> PASSWORD _____      |
| <input type="checkbox"/> RESPONDUS LOCKDOWN BROWSER |  |

## Special Instructions (Include Student Accessibility Services (SAS) Accommodations)

**Method of Returning Exams**     Pickup     Inter-Campus Mail\*

**\*NOTE:** Tests will only be mailed to other campuses. Assessment Centers cannot be responsible for the loss, theft, or destruction of exams, answer sheets, or related test materials, when such items are mailed

### For Office Use Only

NUMBER OF TESTS \_\_\_\_\_ TERM \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

---

## Student Information

SAS Student	Last Name	First name	Date ExamTaken	Proctor Initials	Date Picked Up	Instructor Initials	Proctor Initials
-------------	-----------	------------	----------------	------------------	----------------	---------------------	------------------