

TESTING CENTER
Humboldt State University
House 71
Arcata, California 95521
707-826-3611

REQUEST FOR PROCTORING SERVICES

Date: _____

Instructor's name: _____ Ext: _____

Course(Dept. & Number): _____

Student(s) Authorized to Take Test at the Testing Center:

Date(s) and time(s) on which Student may take Exam: _____

Time Limit: _____ Has extended time already been calculated into limit? Yes No

Aids Allowed, if any: _____

Students are to furnish (Answer Sheet(s),Blue Book, Paper, etc.):

Other Special Instructions:

How Long should this test(s) be retained by the Testing Center? _____

DISPOSITION OF TESTS (check one): ___ Hold for Pick-up ___ Send with Student

Please note that students must make appointments with us for specific dates & times for exam proctoring.

___ Does this student require this test in alternate format?

___ Have you included this exam in the requested format?