

**TESTING SERVICES
EXTERNAL PROCTORED TESTING REQUEST FORM**

***For Faculty use ONLY!
1. GENERAL TEST INFORMATION**

Test Name/Number					
Last Day to take test					
Number of Tests		Time Limit	Hour:	Minutes:	No Time Limit:

2. TEST INSTRUCTIONS:

Write on test	Yes	No	Instructor provides answer	Yes	No
Two (2) part test	Yes	No	Instructor provides Scantron	Yes	No
Open Book	Yes	No	Student provides Scantron	Yes	No
Can student use scratch	Yes	No			
Can use notes	Yes	No	Type and Amount of Notes Allowed:		
Can use calculator	Yes	No	Type of Calculator Allowed:		

If test is an online test, please provide us with the following info:

1. Password to access exam: _____
2. Browser that is required: IE _____ Firefox _____ Lock Down Browser _____
3. Web Online Site that is required (CANVAS; My MathLab, etc.): _____

3. TEST RETURN INSTRUCTIONS:

Scan, E-mail to:		Fax Exam to:	
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Mail test to:
(student is responsible for postage)

4. ORGANIZATION/INSTITUTION INFORMATION:

School Name		Contact Person	
Address		City	
Phone Number		State	
E-Mail		Zip Code	

***FOR TESTING STAFF USE ONLY!**

	Date Received:	Time:	Staff's Initials:	
Student's	LAST	FIRST	GCC STUDENT ID:	
Student Name				
Phone Number		Appointment Date:	Appointment Time:	Staff's Initials:
Proctor Fee: \$25	Date Paid:	Staff's Initials:		
Date	Time Out	Staff's Initials	Time In	Staff's Initials
Campus Mail	E-mail/Scanned	Faxed	FedEx/UPS	Mailed