

Faculty Authorization for Test Proctoring

TESTS MUST BE AT THE ASC 24 HOURS PRIOR TO TESTING

Student(s) _____

Instructor _____

Course Number _____

Instructor's Phone _____

Instructor's Email _____

Allotted Class Testing Time _____

Test Deadline _____

Test sent via: Emailed(asc testing@ndc.edu) campus mail ASC desk
Requires: blue book scantron scantron
Form 889-E (25/side) Form 882-E (50/side)

Special Testing Instructions: (Check applicable items)

May use: class notes calculator page of notes computer
 internet text book hand outs formulation guide
 student MAY write on test student may NOT write on test
 other (specify) _____

Special
Instructions: _____

Completed test
will be:

<input type="checkbox"/> send in campus mail	<input type="checkbox"/> pick up at the ASC (Professor Initial required upon receipt)
<input type="checkbox"/> return to class with the student	<input type="checkbox"/> Scan to email: (Address Required)

FACULTY SIGNATURE _____

ASC USE:

I (student) have signed a Test Center Agreement Contract and understand that violating this action will cause me to lose the privilege of using the ASC Test Center in the future. I understand that the staff will also notify the Director, who in turn will notify the faculty member of any violation.

STUDENT SIGNATURE _____

Proctor Initials _____

Start Time (_____) Completion Time _____

Max End Time (_____) Completion Date _____

Logged In _____/Logged Out _____