

Test Proctoring Request Form

Form must be submitted at least three days prior to requested test **proctoring** date.

Section 1: (to be completed by the student)

Testing Center (TC) Information & Times

Name: _____
ID#: _____
Email: _____
Phone #: _____
Course: _____
Date: _____

Location: La Sierra University, Sierra Vista Hall (OACS)
Email: testing@lasierra.edu
Phone Number: 951-785-2452
Proctoring Hours: Thurs: 8:30AM –NOON , 1:00PM – 5:00PM
Fridays: 8:30AM -NOON
* Finals week: Monday – Thursday as arranged with TC

Section 2: Test Information and Allowances (to be completed by professor or authorized staff only)

*Testing Date: If your testing time is out of testing center's availability, please reach out to them directly for further arrangements.

Standard test time for course: _____(min.)

Original Test 1 Date: _____ Thurs./ Fri. Proctor Date: _____

Original Test 2 Date: _____ Thurs./ Fri. Proctor Date: _____

Original Test 3 Date: _____ Thurs./ Fri. Proctor Date: _____

Original Test 4 Date: _____ Thurs./ Fri. Proctor Date: _____

Final Exam (day and time): _____ Standard final exam time: _____

Please check mark what may be allowed or needed for the exam:

Calculator (if necessary) Type: Basic Scientific Graphing

Provided by: Testing Center student (self)

Additional Allowances: Internet access Open Book Open Notes Other (specify) _____

Section 3: Test Arrival & Return

Test delivery method:

- Professor or TA to the TC
 Professor or TA will email test

Test returned:

- Professor or TA will pick up from the TC
 TC will scan and email exam back

*If any special proctoring instructions, please mail testing@lasierra.edu & oas@lasierra.edu or deliver with test

Professor name: _____ Phone #: _____

Signature: _____ Email: _____

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I understand I am granted testing accommodations through OAS. It is my responsibility to communicate with the Testing Center and my professor. It is my responsibility to hold to the stipulations within the Exam Agreement. If I no show/no contact for 2 tests, we will automatically cancel your remaining scheduled exams until you talk with testing.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_