

Success Centers Proctoring Test Request Form

Please complete this form for your test to be proctored appropriately. If you have any questions about the form, please contact Susanna Faljyan in room D300, at (626) 585-7581, or sxfaljyan@pasadena.edu.

Student Information

Student Name _____

Student ID# _____

Instructor Information

Instructor Name _____

Division/Department _____

What is the best way to contact you in case there are any difficulties or questions?

Additional Information

Course Information

Course Name _____

CRN _____

Date of test _____

Title of test _____

Time allowed for the exam _____

Instructor Authorized Materials

<input type="checkbox"/>	Open Notes
<input type="checkbox"/>	Collect Notes
<input type="checkbox"/>	Open Book
<input type="checkbox"/>	Scientific Calculator
<input type="checkbox"/>	Graphing Calculator
<input type="checkbox"/>	Computer
<input type="checkbox"/>	Scantron
<input type="checkbox"/>	Dictionary
<input type="checkbox"/>	Blue Book
<input type="checkbox"/>	Other:

How would you like the test returned to you?

Delivered to mailbox (department office)

Scanned/emailed to you Email Address _____

Submitted by student online

Staff Notes