## MAIN CAMPUS TESTING CENTER

## Paper-Pencil Test (PPT) Request Form

This form is to be filled out and submitted by the **instructor** at least 48 hours in advance of the test date. A copy of the test must accompany this form.

Student Name:					Rocket #:		
·	Last	First		 M.I.			
	I, the student named above, confirm that I have y misconduct may cause dismissal or other cons	-	Testing Center's T	Festing Integrity a	nd Confidentia	lity Agreement.	
Student Signature*:					Date:		
Instructor Name:				Cou Alph	rse anumeric:		
Instructor Phone:		Instructor Email:					
				Ple	ase indicate	below this stude	<u>ent's</u> time limit:
	ONS: Exam Deadline:				Regular Cla	issroom Time:	
Hold	Call for pick-up	n and email (one-sided exa	ams only)		Student Dis Time and a	ability Services -   Half:	
					Student Dis Double Tim	ability Services – e:	
AIDS/INSTRUME	NTS (mark if allowed):	_				l	
Open book		ratch paper/ ue book	Calculator (	specify model/ty	vpe):		
OTHER DIRECTIONS/ ACCOMMODATIONS	:						
Testing Center Us	е						
INCOMING EXAM		RET	TURNED EXAM				
	Date Administered:	Dat	te Returned:		Time:		By:
Date Received:	Start Time:						
Received by:	End Time:	[	Sent	Picked up	Picked up by	<i>r</i> :	

1872

THE UNIVERSITY OF TOLEDO