



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.*

By signing this form, I, the student named above, confirm that I have read and will abide by the Testing Center's Testing Integrity and Confidentiality Agreement. I understand that any misconduct may cause dismissal or other consequences.

Student Signature*: _____ **Date:** _____

Instructor Name: **Course Alphanumeric:**

Instructor Phone: **Instructor Email:**

EXAM INSTRUCTIONS:

Exam Deadline:

Hold Call for pick-up Scan and email (one-sided exams only)

Please indicate below this student's time limit:

Regular Classroom Time:

Student Disability Services - Time and a Half:

Student Disability Services - Double Time:

AIDS/INSTRUMENTS (mark if allowed):

Open book Open notes Scratch paper/ Blue book Calculator (specify model/type): _____

OTHER DIRECTIONS/ ACCOMMODATIONS:

Testing Center Use

INCOMING EXAM

Date Received:

Received by:

EXAM INFORMATION

Date Administered:

Start Time:

End Time:

RETURNED EXAM

Date Returned: Time: By:

Sent Picked up Picked up by: