



Computer-based Test (CBT) Request Form

This form is to be filled out by the instructor and submitted at least 48 hours in advance of the test date.

Instructor Name:

This test is in
(check one):

- Blackboard
 Other LMS (specify): _____

Instructor Phone:

Course Alphanumeric:

Section:

Full Title of Exam:

Password:

EXAM INSTRUCTIONS:

Exam Deadline:

Time Limit:

Regular classroom time limit allowed

AIDS/INSTRUMENTS (mark if allowed):

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

OTHER DIRECTIONS/ SPECIFICATIONS:

- Please mark if required: LockDown Browser
 Webcam/LDB Monitor

By signing this form, I, the student named in the row signed, 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.

List student name(s) and extended time limits, if any (if left blank, regular time will be given). If requiring additional student names, use the CBT Student List Form and attach to this form.

Student Name (typed)	Time Limit	Signature	Date	Time In	Time Out	Comments

Testing Center Use

INCOMING EXAM

Date Received:

Received by: