



# Computer Based Test (CBT) Request Form

Instructor Name

Department

**EXAM INSTRUCTIONS:** EXAM DEADLINE:

**AIDS / INSTRUMENTS ALLOWED:**

- NO - OPEN BOOK
- YES - OPEN BOOK
- NO - OPEN NOTES
- YES - OPEN NOTES
- NO - Scratch Paper/blue book
- YES - Scratch Paper/blue book
- Calculator (specify model/type)

**OTHER DIRECTIONS / SPECIFICATIONS:**

**This Course is a** (check one):  Regular classroom course  
 UT Online (distance learning) course

Course:

Password:

**TIME LIMIT:**  TIME LIMIT REGULAR CLASSROOM TIME LIMIT ALLOWED

Student Disability Services - TIME AND HALF

TIME

Student Disability Services - DOUBLE TIME

TIME

\*By signing this form, I, the student named in the row signed, confirm that I have read and I will abide by this Test Center's 'Test Integrity and Confidentiality Agreement'. I understand that any misconduct will cause dismissal or other consequences.

List Student Name(s) and Rocket Numbers of those taking the exam: *(If requiring additional space for student names - use the CBT Student List Form and attach to this form)*

Student Name (typed)	Rocket #	Signature	Date	Time In	Time Out	Comments

**Test Center Use Only**

INCOMING EXAM Date Received:

Received by: