

TESTING SERVICES

Email: ProctoredTesting@utoledo.edu

Instructor Request for Off-Site Proctored Exams

For Online courses only. Submit no later than the second week of the semester.

Instructor Name: Today's Date:

Course Title: Course alpha-numeric:

CRN: Semester/Year: POT/Session: Section

Phone (office): Phone: (cell or home):

TEST TYPE (mark only one): Computer-based Test (CBT) Paper-pencil Test

Note: Paper tests or passwords for CBT must be provided to the Main Campus Testing Center at least one week in advance of the test date. Please complete the Test Specifics section on page 2.

TEST DATE RANGES AND TIME ALLOWANCES:

Test 1 date:	<input type="text"/>	Test 1 end date:	<input type="text"/>	Time allowed:	<input type="text"/>
Test 2 date:	<input type="text"/>	Test 2 end date:	<input type="text"/>	Time allowed:	<input type="text"/>
Test 3 date:	<input type="text"/>	Test 3 end date:	<input type="text"/>	Time allowed:	<input type="text"/>
Test 4 date:	<input type="text"/>	Test 4 end date:	<input type="text"/>	Time allowed:	<input type="text"/>
Test 5 date:	<input type="text"/>	Test 5 end date:	<input type="text"/>	Time allowed:	<input type="text"/>
Test 6 date:	<input type="text"/>	Test 6 end date:	<input type="text"/>	Time allowed:	<input type="text"/>
Test 7 date:	<input type="text"/>	Test 7 end date:	<input type="text"/>	Time allowed:	<input type="text"/>

AIDS/INSTRUMENTS (select all that apply):

Open Book Open Notes Note Cards Scratch Paper: # of sheets _____
 Calculator (specify allowed model/type) Calculator Type: _____

OTHER DIRECTIONS/SPECIFICATIONS:

Special notice for **international student testing**: Students outside of the U.S. will use ProctorU, a third-party online proctoring service. Please contact UToledo Online at UTLV@utoledo.edu for more information.

Do one or more of your students require disability accommodations? Yes No

Contact the Office of Accessibility and Disability Resources for specific information regarding student accommodations. Please list student names and accommodations below:

STUDENT NAME	TEST ACCOMMODATION(S) (e.g. time and a half, access to food/drink)

TEST SPECIFICS:

Paper Tests: Hold Scan and email Call for pickup

Computer-based Tests:

TEST NAME (e.g. Exam 1)	PASSWORD (if applicable)	LOCKDOWN BROWSER? (Y or N)	LMS or PUBLISHER (e.g. Blackboard, Pearson)

FOR TESTING CENTER USE ONLY (circle TEST or PW):

Date and Initial:	REQUEST	TEST OR PW 1	TEST OR PW 2	TEST OR PW 3
	TEST OR PW 4	TEST OR PW 5	TEST OR PW 6	TEST OR PW 7