



Solano Community College Assessment Center REQUEST TO PROCTOR A TEST IN ASSESSMENT

PLEASE PRINT CLEARLY

Student's Name _____

Instructor's Name _____

Course _____

How much time is the student given to complete the exam? _____ Hour(s) _____ Minute(s)

STUDENT MUST TAKE EXAM BY: DATE _____

CIRCLE DAY OF WEEK & TIME: MONDAY TUESDAY 12:30pm **OR** 4:30pm
WEDNESDAY THURSDAY FRIDAY 08:30am **OR** 12:30pm

CHECK MARK Items the student is **ALLOWED** to use:

_____ Calculator _____ Computer _____ Dictionary
_____ Notes _____ Open Book _____ Other

Instructor Signature _____ Date _____

TEST DELIVERY METHOD:

_____ Instructor will deliver test materials to Room 442 (ASSESSMENT CTR).

_____ Instructor will e-mail test to: nmostafa@students.solano.edu

_____ Student will bring test materials in a signed/sealed envelope.

COMPLETED TEST SHOULD BE RETURNED VIA:

_____ Instructor will pick up test materials in ROOM 442 (ASSESSMENT CTR).

_____ Instructor will pick up test materials in ROOM 115 (GRAPHICS DEPT. SHELVES).

_____ Student will return test materials in a signed/sealed envelope.

4000 Suisun Valley Rd, Bldg. 400, Rm. 442, Fairfield CA 94534

nmostafa@students.solano.edu

Tel: 707-864-7118

Office Hours: M/T: 1:00-3:00pm **OR** 5:00-7:00pm

W/TH/F: 8:00-12:00pm **OR** 1:00-3:00pm