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