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 ON: _____/_____/_____
                                                            Month   Day   Year

CIRCLE DAY OF WEEK & PLACE A CHECK NEXT TO DESIRED START TIME:

     MONDAY   TUESDAY **ONLY** Start Times 12:30pm_____ **OR** 4:30pm_____

     WEDNESDAY   THURSDAY FRIDAY **ONLY** Start Times 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: Salvatore.Abbate@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.