Testing Center Exam Request Form

This form must be completed electronically and submitted via email to the Testing Center email by course instructors or coordinators only. Students are not permitted to fill any part of this form.

Instructor Information

1. Instructor Name:

2. Instructor Name.#:

3. Instructor OSU ID number:

4. Instructor Phone Number:

Student Information

1. Student Name:

2. Student Name.#:

3. Student OSU ID number:

Exam Information

1. Subject Area/Catalog Number (i.e. ENGL 1110, MATH 1151, etc.):
2. Course Title:

Testing Window

1. Student may test between   and   .   Known SLDS Time Accommodations:

2. Length of Exam: 1.5x   2x   2.5x   3x or 4x

Response Medium

Exam   Ruled Paper   Scantron   Computer

Browser Type and Access Code (if necessary)

Lockdown Browser   Google Chrome   Access Code:

Select Approved Exam Aids

None   Notes   Person Computer/iPad

Scratch Paper   Calculator   Drawing/Graphing Tools

Textbook   Type: Other (Please describe in Special Instructions)

Special Instructions

List any instructions that are not covered in the Exam Aids section.

Exam Drop-Off Options

In-Person: Email: N/A

Exam Pick-Up Options

In-Person: Email: N/A

Administrative information

The following section will be filled out by Testing Center staff.

Time in:

Time Out:

Seat Number:

Student Signature:

Staff Signature: