

Reserved Course Request Form

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

With this request form, the Testing Center will need a spreadsheet listing each student expected to take this exam, as well as the exam file if the exam is paper based.

Instructor Information

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|-----------------------|------------------------------|
| 1. Instructor Name: | 3. Instructor OSU ID Number: |
| 2. Instructor Name.#: | 4. Instructor Phone Number: |

Instructor Signature:

Course Information

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

Exam 1

Name:	Testing Window:	Exam Length:	Access Code:
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Exam 2

Name:	Testing Window:	Exam Length:	Access Code:
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Exam 3

Name:	Testing Window:	Exam Length:	Access Code:
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Exam Information

Response Medium

Exam

Ruled Paper

Scantron

Computer

Browser Type

Lockdown Browser

Google Chrome

Approved Exam Aids

None

Notes

Personal Computer/iPad

Scratch Paper

Calculator

Drawing/Graphing Tools

Textbook

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