



Testing Center  
University Registrar

# Reserved Course Request Form

This form must be completed electronically and submitted via email to the Tester 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.

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## Instructor Information

1. Instructor Name:

3. Instructor OSU ID Number:

2. Instructor Name.#:

4. Instructor Phone Number:

Instructor Signature:

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## Course Information

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

2. Course Title:

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### 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:



## Exam Information

### Response Medium

Exam	Ruled Paper	Scantron	Computer
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### Browser Type

Lockdown Browser	Google Chrome
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### 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.

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### Exam Drop-Off Options

In-Person: Email: N/A

### Exam Pick-Up Options

In-Person: Email: N/A