RPCC Library Services
Proctored Testing Request

This form must be completed and attached to each test.

Instructor ___________________________________________________________________________
Phone Number _______________________ E-mail ________________________________
Course ____________________________  Section _________________________________
Test Name/Identifier ___________________  Max time allowed for test ______________
Test Start Date _______________________ Test End Date ____________________________

A. Write the full name of the student authorized to take the test in the space below. Also, write
the student’s name on the corresponding test.

FULL NAME: _____________________________________________________________________

Identification is required to take any proctored test.

B. Check the box next to each applicable statement.
   Student is allowed to leave the room during testing - - - -
   Student is allowed to write on the test  - - - -
   Student must use the instructor-supplied Scantron answer sheet - - - -
   Student must use the instructor-supplied non-scannable answer sheet - - - -
   Student is allowed to use a calculator (silent and battery operated) - - - -
   Student is allowed to use math or statistics tables - - - -
   Student is allowed to use the Periodic Table - - - -
   Student is allowed to use notes - - - -
   Student is allowed to use their open textbook - - - -
   Student is allowed to use scratch paper - - - -
   Student must return scratch paper with test - - - -

Other materials/instructions ______________________________________________________
____________________________________________________________________________

C. Special Needs:
   □ Extended time. □ Assistance reading the test.

Please provide description of other special requirements:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Both pages 1 and 2 of this form MUST be submitted with the test.
All individual tests must be paper-clipped to their corresponding Proctored Testing Request form. No exceptions.

Revised Spring 2008
RPCC Library Services Proctored Testing Service
Faculty Requirements for Submitting and Collecting Tests

To ensure that tests are processed accurately, please take note of the following requirements:

I. PREPARING TESTS FOR USE IN LIBRARY SERVICES
   a. Label all tests with the instructor’s name, the course name and section number, and the test name or number. Library Services will use this information for filing an instructor’s tests.
   b. Inform all students they must make an appointment for proctored testing.

II. SUBMITTING TESTS TO LIBRARY SERVICES
   a. A completed Proctored Testing Request form must be paper-clipped to each individual test.
   b. Submit tests at least one day before the starting date of the test. This allows Library Services time to prepare for issuance to students and to ensure strict adherence to faculty testing requirements as indicated on the Proctored Testing Request form.
   c. Any test not accompanied by and paper-clipped to an official Proctored Testing Request form will not be accepted.

III. COLLECTING TESTS FROM LIBRARY SERVICES
   a. Each faculty member is assigned a pick-up folder in which all completed tests, expired tests, and any other testing information will be placed.
   b. Faculty must pick up the completed tests from Library Services. Faculty ID may be required.

IV. ACADEMIC INTEGRITY
   a. Library Services will not accept any Proctored Testing Request forms or tests from a student. We will not give the student the opportunity to alter the form or test before the proctored exam.
   b. Library staff will not create, copy, or alter any test or the instructions on the Proctored Testing Request form without explicit permission from the instructor.

Library Services Use Only (Below this Line)

Student signature ________________________________  □ Identified by proctor or instructor.
Proctor’s signature ________________________________ □ Identified by picture ID.
Start time _______  End time _______  Date ________________
Faculty pick-up signature __________________________ Date ________________