

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 | - | - | <input type="checkbox"/> |
| Student is allowed to write on the test | - | - | <input type="checkbox"/> |
| Student must use the instructor-supplied Scantron answer sheet | - | | <input type="checkbox"/> |
| Student must use the instructor-supplied non-scannable answer sheet | | | <input type="checkbox"/> |
| Student is allowed to use a calculator (silent and battery operated) | | | <input type="checkbox"/> |
| Student is allowed to use math or statistics tables | - | - | <input type="checkbox"/> |
| Student is allowed to use the Periodic Table | - | - | <input type="checkbox"/> |
| Student is allowed to use notes | - | - | <input type="checkbox"/> |
| Student is allowed to use their open textbook | - | - | <input type="checkbox"/> |
| Student is allowed to use scratch paper | - | - | <input type="checkbox"/> |
| Student must return scratch paper with test | - | - | <input type="checkbox"/> |

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.

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 _____