			<u> </u>
Full and synchronous onli	ne UAFS course exams		
Only faculty are authorize cannot be made by ASC p	ed to make changes or corre ersonnel	ections to their course te	ests. Changes or correction
carmot be made by 7100 p			



Faculty Information

GORDON KELLEY ACADEMIC SUCCESS CENTER 479.788.7675 asc@uafs.edu Vines Bldg., Room 202

Test Proctoring Request Exam Intake Form

racerty information	
Instructor Name: Office	ce Location:
Office Phone: Instructor Cell (optional)_	
Instructor Email:	
<u>Proctoring Information</u>	
Course Name and Section:	
Test Name: Time Limit:	
Test Window Start Date: End Date: _	
Student Names "	o present a valid photo ID.) Include a
	<u> </u>
☐ Make-up Exam ☐ Online course Exam	
□ Make-up Exam □ Online course Exam	
Allowed Testing Materials: No Extra Materials	
☐ Textbook ☐ Notes ☐ Note Card(s) ☐ Conversion Sh	neet LI Four-Function Calc
☐ Calculator (any) ☐ Graphing Calc ☐ Scratch Paper ☐	Other (please specify):
Student may write on the test: \square Yes \square No \square Not Appl	licable (if online)
How will the student record their answers?	industro (il orinino)
	Mataka di Basas
☐ Online Test ☐ Paper Test ☐ Scantron ☐ Blue Book ☐	·
U Other (specify):	
Password (online test):	
Additional Instructions:	
Test Return:	
☐ I would like a copy of the completed exam emailed to me.	ASC Staff Only
☐ Please send the hardcopy via interoffice mail.	Received by:
☐ Instructor will pick up.	Date:
☐ No return necessary.	Revision 8-2021