

Test Proctoring Cover Form

Instructor Name: _____

Course Name/Number: _____

Test Title or #: _____

Instructor Phone #: _____ E-mail: _____

Person designated to receive completed test: _____

Student Name: _____

Student ID: _____

Test Instructions:

Amount of Time for Testing: _____

Students write answer on: ___ Scan Form ___ Exam
 ___ Blue Book ___ Computer

Testing aids allowed: ___ None ___ Calculator ___ Scratch Paper
 ___ Text ___ Notes

Special Instructions or
Accommodations _____

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For Testing Services Use Only

Student Signature: _____ Date Test Taken: _____

Proctor Signature: _____ Date Proctored: _____

Start Time: _____ End Time: _____

Testing Services
Jones Student Center Room 130
1665 Hampshire Pike
Columbia, TN 38401

Phone: 931.540.2821, 931.540.2569
Fax: 931.560.4113
E-Mail: TestingServices@columbiastate.edu