

**It is important that all information is legible and clear.
Testing staff uses this form to administer your exam to
your exact specifications.**

INSTRUCTOR INFORMATION: Curie Marie
(Last Name) (First Name)

mcurie@mtsac.edu (718) 674-1934
(Email Address) (required) (Contact Phone) (required)

STUDENT INFORMATION: *(Up to 10 Students; additional spaces in the back of form)*

Student names are required. Exam Protocol Forms that leave the student space blank or say any will not be accepted.

STUDENT(S) NAME:	DATE	To be completed by ASAC staff			
		IN	INIT	OUT	INIT.
Grace Hopper					

The following must be completed:

- Course name
- Exam title
- Number of exams provided
- To be completed by date
- Time allowed

EXAM INFORMATION:

Course: PHYS 4A Exam Title: Exam 1 # of exams provided: 1

To be completed by: 04/13/22 5pm Time allowed: 1hr 50min
(Date) (Time Completed by)

Please be sure to allow enough time for students to complete their exam.

Requirements / Accommodations. *(Please check and/or circle all that apply):*

- | | |
|--|--|
| <input type="checkbox"/> Bathroom Breaks | <input checked="" type="checkbox"/> Scratch Paper Attach with Exam |
| <input type="checkbox"/> Open Book | <input type="checkbox"/> Exam Paper PLEASE SELECT ONE |
| <input type="checkbox"/> Notes/Notecards (Specify below) | <input checked="" type="checkbox"/> Calculator 4 Function ▼ |
| <input checked="" type="checkbox"/> Can Write on Exam | <input type="checkbox"/> Scantron PLEASE SELECT ONE |

Please specify everything the student will be using for their exam.

Additional / Special Instructions:
 Students may use yellow formula sheet titled "Smart Physics".

Further instructions may be specified in the **Additional/Special Instructions** space.

TO BE COMPLETED BY ASAC STAFF

DROP OFF INFORMATION:

(Date) (# of exams) (Name & Signature of designee (if other than instructor) (ASAC Staff init.)

PICK UP INFORMATION:

TIMESTAMP:

(Date) (# of exams) (Name & Signature of designee (if other than instructor) (ASAC Staff init.)

If a TA or other Faculty member will be picking up or dropping off exams for you, please provide their info here. Only you or your designated person may drop off/pick up.

***Special note:** students may drop off exams in a sealed envelope, but students cannot pick up exams. Only you, a TA, or another Faculty member may pick up exams. If you have a question about this, Please ask ASAC Testing staff.



Authorized Representatives/Designee

Name of Assistant / TA	Date	Drop Off	Pick Up	One Time	Semester	Inst. Init.
<i>Albert Einstein</i>	4/18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>MC</i>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL STUDENT INFORMATION:

STUDENT(S) NAME:	To be completed by ASAC staff				
	DATE	IN	INIT.	OUT	INIT.
<div style="border: 1px solid blue; border-radius: 15px; padding: 5px; width: fit-content;"> This is extra space for you to include more student names if they did not all fit on the front page. </div>					

(To be)

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IMPORTANT:

Testing does not administer exams with accommodations. Please contact ACCESS at ext. 4290 for students that require this service.

Testing will only accept a *max of 10 students for each individual exam*. Whole class exams are not accepted.
