



EXAM PROTOCOL FORM

PART 1: (To be completed by instructor)

DATE: _____

INSTRUCTOR INFORMATION:

(Last Name)

(First Name)

(Email Address)

(Contact Phone)

STUDENT INFORMATION: (additional names may be added on back of form)

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

EXAM INFORMATION:

Course: _____ Exam Title: _____ # of exams provided: _____

To be completed by: _____ Time allowed: _____
(Date) (Time)

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"/> Book / Notes permitted | <input type="checkbox"/> Dictionary | (Electronic / Paper) |
| <input type="checkbox"/> Notecards (Specify below) | <input type="checkbox"/> Calculator | (Standard / Graphic/ Programmable) |
| <input type="checkbox"/> Answer directly on exam | <input type="checkbox"/> Scantron | (882 / 883 / 884/ Provided) |
| | <input type="checkbox"/> Paper | (Blue Book / Notebook) |

Additional / Special Instructions:



EXAM PROTOCOL FORM

PART 1: *(Continued)*

Authorized Representatives

Name of Assistant / TA	Drop Off	Pick Up	Date	Inst. Init.
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

ADDITIONAL STUDENT INFORMATION: *(if necessary)*

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

PART 2: *(To be completed by LAC staff)*

RECEIPT INFORMATION:

(Date) *(# of exams)* *(Name of Instructor or designee)* *(LAC Staff init.)*

TIMESTAMP:

NOTIFICATION INFORMATION:

DATE	CONTACT TYPE / NOTES	TIME	INIT.

PICK UP INFORMATION:

(Date) *(# of exams)* *(Signature of Instructor or designee)* *(LAC Staff init.)*

TIMESTAMP: