

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

PART 1: (To be completed by instructor)

DATE: 10/2/17

INSTRUCTOR INFORMATION:

Smart (Last Name) Jenny (First Name)
Jsmart@mtsac.edu (Email Address) (909) 123-4567 (Contact Phone)

Please include a phone number or email where we may contact you.

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

Student names are required. Exams that leave the student space blank or say "any" will not be accepted.

STUDENT(S) NAME:	DATE	To be completed by LAC staff			
		IN	INIT.	OUT	INIT.
<u>Heather Glass</u>					
<u>Alex Brandenburg</u>					
<u>Misael Huizar</u>					

Course name, exam title, and the number of provided exams. To be completed by date and time, and time allowed.

EXAM INFORMATION:

Course: Physics Exam Title: EXAM 2 # of exams provided: 3
 To be completed by: 10/5/17 3 pm Time allowed: 1 hr 25 min
 (Date) (Time)

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

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

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

- Book / Notes permitted
- Notecards (Specify below)
- Answer directly on exam
- Dictionary (Electronic / Paper)
- Calculator (Standard / Graphic / Programmable)
- Scantron (882 / 883 / 884 / Provided)
- Paper (Blue Book / Notebook)

Additional / Special Instructions:

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

Students may use yellow formula sheet titled "Smart physics"

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.

EXAM PROTOCOL FORM

*Special note: students may drop off exams, but students cannot pick up exams. Only yourself, a TA, or another Faculty member may pick up exams. If you have a question about this, please ask LAC Testing staff.

Authorized Representatives

Name of Assistant / TA	Drop Off	Pick Up	Date	Inst. Init.
Emily Gutierrez	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10/2/17	JS
	<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.

This is extra space for you to include more student names if they did not all fit on the front page.

PART 2 is to be completed by Testing Staff. DO NOT write below the indicated line.

PART 2: (To be completed by LAC staff)

RECEIPT INFORMATION:

IMPORTANT:

Testing does not administer exams with accommodations. Please contact DSPS 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.

The testing center is only for missed exams, *not* exam retakes.