



EXAM PROTOCOL FORM

PART 1: *(To be completed by instructor)*

DATE: _____

INSTRUCTOR INFORMATION:

(First Name)

(Last Name)

(Contact Phone)

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

STUDENT(S) NAME:	To be completed by LAC staff			
	DATE	IN	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. **The last exam will be administered 1 hour prior to closing.***

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:

Authorized Representatives

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



EXAM PROTOCOL FORM

PART 1: *(Continued)*

ADDITIONAL STUDENT INFORMATION: *(if necessary)*

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