

# ASAC TESTING SERVICES EXAM PROTOCOL FORM

## INSTRUCTOR INFORMATION:

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Contact Phone)

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

STUDENT(S) NAME:	To be completed by ASAC staff				
	DATE	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"/> Paper (Blue Book / Notebook)                  |
| <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)          |

**Additional / Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TO BE COMPLETED BY ASAC STAFF

### DROP OFF INFORMATION:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(# of exams)

\_\_\_\_\_  
(Name of Instructor or designee)

\_\_\_\_\_  
(ASAC Staff init.)

**TIMESTAMP:**

### PICK UP INFORMATION:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(# of exams)

\_\_\_\_\_  
(Signature of Instructor or designee)

\_\_\_\_\_  
(ASAC Staff init.)

**TIMESTAMP:**

# EXAM PROTOCOL FORM

## 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:	To be completed by ASAC staff				
	DATE	IN	INIT.	OUT	INIT.

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*(To be completed by ASAC staff)*

## NOTIFICATION INFORMATION:

DATE	CONTACT TYPE / NOTES	TIME	INIT.

Revised 10/2018