

# ASAC TESTING SERVICES EXAM PROTOCOL FORM

**INSTRUCTOR INFORMATION:**

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

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

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

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

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

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

**EXAM INFORMATION:**

Course: \_\_\_\_\_ Exam Title: \_\_\_\_\_ # of exams provided: \_\_\_\_\_

To be completed by: \_\_\_\_\_ (Date) \_\_\_\_\_ (Time Completed by) Time allowed: \_\_\_\_\_

**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<br><input type="checkbox"/> Open Book<br><input type="checkbox"/> Notes/Notecards (Specify below)<br><input type="checkbox"/> Can Write on Exam | <input type="checkbox"/> Scratch Paper (Attach with Exam / Throw Away After)<br><input type="checkbox"/> Exam Paper (Blue Book / Notebook Paper)<br><input type="checkbox"/> Calculator (4 Function / Graphic/ Programmable)<br><input type="checkbox"/> Scantron (882/ 883/ 884/ Provided by instructor) |
|--|---|

**Additional / Special Instructions:**

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

**TO BE COMPLETED BY ASAC STAFF**

<b>DROP OFF INFORMATION:</b>	<b>TIMESTAMP:</b>
<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">_____ (Date)</div> <div style="width: 15%;">_____ (# of exams)</div> <div style="width: 30%;">_____ (Name &amp; Signature of designee if other than instructor)</div> <div style="width: 35%;">_____ (ASAC Staff init.)</div> </div>	

<b>PICK UP INFORMATION:</b>	<b>TIMESTAMP:</b>
<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">_____ (Date)</div> <div style="width: 15%;">_____ (# of exams)</div> <div style="width: 30%;">_____ (Name &amp; Signature of designee if other than instructor)</div> <div style="width: 35%;">_____ (ASAC Staff init.)</div> </div>	

# EXAM PROTOCOL FORM

## Authorized Representatives/Designee

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

### ADDITIONAL STUDENT INFORMATION:

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

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*(To be completed by ASAC staff)*

### NOTIFICATION INFORMATION:

DATE	CONTACT TYPE / NOTES	TIME	INIT.

Revised 01/2020