



OSU Testing Center  
 100 UAT Building, (405) 744-5958  
 testing.center@okstate.edu  
 http://testing.okstate.edu/

|                                     |                       |                  |
|-------------------------------------|-----------------------|------------------|
| <b>OSU Testing Center Use Only:</b> |                       |                  |
| <b>Test Date:</b> _____             | <b>Initial:</b> _____ | <b>Station #</b> |
| <b>Time Started:</b> _____          | <b>Initial:</b> _____ |                  |
| <b>Time Finished:</b> _____         | <b>Initial:</b> _____ |                  |

**INSTRUCTOR:** In order to have your test proctored to your specifications, please complete **ALL** the following fields after visiting with your student and submit this form with your test. Forms and tests should be dropped off in 100 UAT Building or emailed to [testing.center@okstate.edu](mailto:testing.center@okstate.edu) **at least 24 hours (preferably 48+ hours) in advance** of the student's appointment. The OSU Testing Center provides accommodated testing for students with disabilities. Student Accessibility Services (SAS) notifies instructors regarding testing accommodations for students in their courses. If you have questions or concerns about student accommodations, please contact the SAS office at 405-744-7116. **PLEASE NOTE:** *Submission of this form does **NOT** create an appointment for the student. Students **MUST** schedule their own appointments (at least 24 hours in advance, recommended one week in advance) to take a test at the OSU Testing Center.*

**STUDENT(S), INSTRUCTOR, & TEST DETAILS**

Exam Type:  **Student Accessibility Services Exam**     **OSU Course Exam (non-SAS)**     **Other Institution Exam**

Student Name(s): \_\_\_\_\_ Instructor Name: \_\_\_\_\_

Other Institution Name: \_\_\_\_\_

Instructor Phone: \_\_\_\_\_

Course Name: \_\_\_\_\_ Instructor Email: \_\_\_\_\_

Prefix-Num-CRN (Sec): \_\_\_\_\_ Department Phone: \_\_\_\_\_

Test/Exam Title: \_\_\_\_\_ Is the Test  Paper-Based or  Online?

Test Date (as arranged with student): \_\_\_\_\_ Is Test Date flexible?     Yes     No

Test Time (as arranged with student): \_\_\_\_\_ Is Test Time flexible?     Yes     No

Standard Class Time allowed for test: \_\_\_\_\_ Hour(s) and \_\_\_\_\_ Minutes  
*The OSU Testing Center will calculate accommodation time for SAS students based on instructions provided by Student Accessibility Services.*

**TEST ADMINISTRATION INSTRUCTIONS**

**Testing materials required/allowed by the instructor:**

- |                                        |                                            |                                                  |                                              |
|----------------------------------------|--------------------------------------------|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Notes         | <input type="checkbox"/> Orange Scantron   | <input type="checkbox"/> Graphing Calculator     | <input type="checkbox"/> English Dictionary  |
| <input type="checkbox"/> Textbook(s)   | <input type="checkbox"/> Green Scantron    | <input type="checkbox"/> Non-graphing Calculator | <input type="checkbox"/> Language Dictionary |
| <input type="checkbox"/> Scratch Paper | <input type="checkbox"/> Mechanical Pencil | <input type="checkbox"/> Computer Use            | <input type="checkbox"/> LockDown Browser    |
| <input type="checkbox"/> Blue Book     | <input type="checkbox"/> Highlighters      | <input type="checkbox"/> Ruler/Straight Edge     | <input type="checkbox"/> Colored Pencils     |

**Additional Instructions, Directions, Requirements, Passcodes, or Other Information:**

**Please Note:** If special software is required, software and detailed installation instructions must be submitted to the OSU Testing Center at least a week in advance, and the OSU Testing Center reserves the right to not test a student if the software cannot be installed, operated, and removed easily.

**TEST RETURN INSTRUCTIONS**

How do you want the completed test materials returned to you? Please check ONE.

\_\_\_\_\_ Please **hold**. I will pick up test (must show photo ID).

\_\_\_\_\_ I have **authorized** \_\_\_\_\_ to pick up the test (must show photo ID).

\_\_\_\_\_ **Deliver** test within 72 hours to \_\_\_\_\_ (Bldg/Rm) **OR** departmental office \_\_\_\_\_ (Bldg/Rm).

**NOTE:** If the OSU Testing Center is unsuccessful in delivering a test to an instructor's office and no departmental office is provided, the test will be held at 100 UAT Building for pick-up by the instructor.

**Tests not administered will be retained for two weeks after the end of the semester and then destroyed.**

Received by Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_