



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

OSU Testing Center Use Only:		
Test Date: _____	Initial: _____	Station # _____
Time Started: _____	Initial: _____	
Time Finished: _____	Initial: _____	

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 **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 Disability Services (SDS) notifies instructors regarding testing accommodations for students in their courses. If you have questions or concerns about student accommodations, please contact the SDS 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 1 week in advance) to take a test at the OSU Testing Center.

STUDENT(S), INSTRUCTOR, & TEST DETAILS

Exam Type: Student Disability Services (SDS) Exam OSU Course Exam (non-SDS) Other Institution Exam

Student Name(s): _____ Instructor Name: _____

Other Institution Name: _____

Instructor Phone: _____

Course Name: _____ Instructor Email: _____

Course Prefix/Number: _____ 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

Class Time allowed for test: _____ Hour(s) and _____ Minutes
The OSU Testing Center will calculate accommodation time for SDS students based on instructions provided by Student Disability 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: _____