

CHARLES W. KOCHER STUDENT SUCCESS CENTER

HOURS

Monday – Thursday 7:30 AM -7:00 PM
 Friday 8:00 AM - 3:00PM
 Saturday - Sunday CLOSED

PHONE
 (740) 695-9500 Ext. 1080

TEST REQUEST FORM (to be completed by faculty)

NOTE: If form is not filled out completely, the tests and the form will be returned to you for corrections. Please advise students that no test will be given without a PHOTO ID. Thank you!

Instructor's Name: _____ Work phone (Extension): _____

Home Phone: _____ Number of Test Copies: _____

Regular Class Make-Up Test: Distance Learning: Other: _____

Course # & Name: _____ Test Name: _____

Drop-off Date: _____ Return Date: _____

CONDITIONS

Please check all that apply

Traditional Tests (to be completed for all tests except CPT courses):

Time Limit?	Materials	Yes	No	Written Test	Yes	No	Test Aides	Yes	No
<input type="checkbox"/> No	Scantron required			Open Book			Calculator Allowed		
<input type="checkbox"/> Yes _____ (hrs./min.)	Answer sheet required			Open Notes			Scratch paper		

CPT Tests (to be completed for CPT courses only):

Time Limit?	Materials	Theory:	Yes	No	Lab:	Yes	No
<input type="checkbox"/> No	Scantron included	Open Book			Open Book		
<input type="checkbox"/> Yes _____ (hrs./min.)	Please provide scantron	Open Notes			Open Notes		

Special Instructions:

RETURN PROCEDURES: All exams that have been taken will be returned to the instructor's mailbox at the end of each day. If this is not convenient for you, please contact the Testing Center Specialist at Ext. 1187 to make other arrangements. Thank you!

Return to Mailbox # _____

