

Computer-based Test (CBT) Request Form

This form is to be filled out by the **instructor** and submitted at least 48 hours in advance of the test date.

Instructor Name:

Instructor Phone:

Course Alphanumeric:

Section:

Full Title of Exam:

Password:

This test is in
(check one):

☐ Blackboard

☐ Other LMS
(specify):

EXAM INSTRUCTIONS:

Exam Deadline:

Time Limit:

Regular classroom
time limit allowed

AIDS/INSTRUMENTS (mark if allowed):

☐ Open book

☐ Open notes

☐ Scratch paper/
Blue book

☐ Calculator (specify model/type):

OTHER DIRECTIONS/ SPECIFICATIONS:

Please
mark if
required: ☐ LockDown Browser
☐ Webcam/LDB Monitor

By signing this form, I, the student named in the row signed, confirm that I have read and will abide by the Testing Center's Testing Integrity and Confidentiality Agreement. I understand that any misconduct may cause dismissal or other consequences.

List student name(s) and extended time limits, if any (if left blank, regular time will be given). If requiring additional student names, use the CBT Student List Form and attach to this form.

Student Name (typed)	Time Limit	Signature	Date	Time In	Time Out	Comments

Testing Center Use

INCOMING EXAM

Date Received:

Received by: