

Paper-Pencil Test (PPT) Request Form

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

Student Name:

Last

First

M.I.

Rocket #:

By signing this form, I, the student named above, 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.

Student
Signature*:

Date:

Instructor Name:

Course

Alphanumeric:

Instructor Phone:

Instructor Email:

EXAM INSTRUCTIONS:

Exam Deadline:

Please indicate below this student's time limit:
☐

Hold

☐

Call for pick-up

☐

Scan and email (one-sided exams only)

☐

Regular Classroom Time:

☐
Student Disability Services -
Time and a Half:
☐
Student Disability Services –
Double Time:

AIDS/INSTRUMENTS (mark if allowed):

☐

Open book

☐

Open notes

☐
Scratch paper/
Blue book
☐
Calculator (specify model/type):

OTHER
DIRECTIONS/
ACCOMMODATIONS:

Testing Center Use

INCOMING EXAM

EXAM INFORMATION

RETURNED EXAM

Date Administered:

Date Returned:

Time:

By:

Date Received:

Start Time:

Received by:

End Time:

☐ Sent

☐ Picked up

Picked up by: