



Test Center Reservation

Instructor Name:

Subject:

Course Number:

Section:

Student name:

Student ID:

Test format:

Reason for using testing center:

Other reason (if applicable):

Will student require special accommodation? Yes No Unknown

If yes, what accommodations are needed? (Ex. headphones, computer, etc.)

Permitted test materials: (Ex. pencil, laptop, scantron, etc.)

Requested test date:

Test start time:

Test end time:

Instructors: If giving a paper exam, please bring exam in an envelope to the dean's office before 5 p.m. the day before scheduled exam.