Proctored Testing Center

Faculty Exam Request

Instructor name: _____ Class: _____

Phone/email info for questions: _____

Specific exam: _____

Date and time testing should be available: _____

◯ Open to class ◯ Student(s)

Student name(s):

_____

Testing Instructions/Permissions:

☐ Open Book ☐ Dictionary ☐ Use Scantron

☐ Open Notes ☐ Paper Exam ☐ Canvas Exam

☐ Calculator ☐ Write on Test ☐ Proctorio Enabled

Time limit for exam: _____

Additional instructions:

_____

If paper exam, instructions to return completed exam to instructor:

_____

If using a paper exam, please email to asc@siskiyous.edu

Questions: call (530) 938-5830

Remind students to call to reserve testing time.