|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| https://intranet.watc.edu/Mktg/Shared%20Documents/WSU%20Tech/Logos/FOR%20PRINT/WSU%20Tech_Print_Logo_White.jpg | **Request to Administer Test** | | | | | | | |
|  |  | | | | | | |  |
| |  |  |  |  | | --- | --- | --- | --- | | **Instructor Name** | Click or tap here to enter text. | **Instructor** **Phone** | Click or tap here to enter text. |   ***(Where Instructor can be reached for questions, during testing)***   |  |  |  |  | | --- | --- | --- | --- | | **Student Name (or attach roster)** | Click or tap here to enter text. | **Location to Administer Test** | Choose an item. |   **Please indicate course type:**  **Make-up test**  **Hybrid/online Final**   **Scantron**   |  |  | | --- | --- | | **Time Allowed:** | **Click or tap** |  |  |  |  |  | | --- | --- | --- | --- | | **Course Name and Number:** | Click or tap here to enter text. | **Test Name:** | Click or tap here to enter text. |  |  |  |  |  | | --- | --- | --- | --- | | **First Date/Time Student may take Test** | Click or tap here to enter text. | **Last Date/Time Student May take Test** | Click or tap here to enter text. |   **Send Completed Request and Class Roster forms via email to:** [Testing@wsutech.edu](mailto:Testing@wsutech.edu)  \*If submitting Request for an individual (1) student Class Roster form is not required.  \*\*If submitting Request for multiple students then completed Class Roster for is **REQUIRED**. | | | | | | | | |  | | --- | | **To be completed by Testing staff** | | **Test Date:** | | **Start time:** | | **Stop time:** | | **Proctor Initials:** | |
| **Allow the use of:** | | **Yes** | **No** | **Allow Student to:** | **Yes** | **No** | **Other Instructions:** | |
| **Calculators** | |  |  | **Use their personal Calculator** |  |  | |  |  | | --- | --- | | **Password** | Click or tap here to enter text. | | **Additional instructions for Testing staff:** | | | | This space is for additional testing instructions only. PLEASE DO NOT ADD STUDENT NAMES IN THIS AREA. Send student names in separate Excel spreadsheet. | | | | |
| **Notes:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | **Mark on the test** |  |  |
| **Scratch Paper** | |  |  | **Take their notes/scratch paper home** |  |  |
| **Text Book** | |  |  | **Leave the room during the test** |  |  |
| **Dictionary** | |  |  | |  |  | | --- | --- | | **Other** |  | |  |  |

**Student signature:**  **Date:**