

## Test Procedures/Routing/Request

### Walsh Student - Course Information

Student's Name: \_\_\_\_\_  
Last First M.I.

Course/Section: \_\_\_\_\_ Term: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

### Exam Instructions - All Students

Testing Information: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ hrs mins  
Open/Anticipated Testing Date Close/Test Must Be Completed By Testing Time Limit

Check All That Apply (Supplies & Scantrons must be provided by non-Walsh Instructors):

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Open Book                | <input type="checkbox"/> Calculator              | <input type="checkbox"/> Notes         | <input type="checkbox"/> Computer     |
| <input type="checkbox"/> Scantron: #              | <input type="checkbox"/> Write on Exam           | <input type="checkbox"/> Essay Booklet | <input type="checkbox"/> Answer Sheet |
| <input type="checkbox"/> Computer/Web-based test: | <input type="checkbox"/> <b>EXAM REVIEW ONLY</b> |  |                                       |

Program: \_\_\_\_\_ Password: \_\_\_\_\_

Provide Web Address: \_\_\_\_\_

Other Comments/Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Special Accommodations: \_\_\_\_\_ : \_\_\_\_\_ AM/PM

<small>Time Test Begins For Class (Instructor)</small>	<small>Class Time Allotted (Instructor)</small>	<small>Recalculated Time (Retention Coordinator/TC)</small>
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### Non-Walsh Student - Course Information

Non-Walsh Instructors: \_\_\_\_\_  
School/Institution Instructor email Instructor Phone

Non-Walsh Students: \_\_\_\_\_  
Student email Student Phone Student ID

Test Return PDF Email: \_\_\_\_\_

Test Return U.S. Mail: \_\_\_\_\_  
Non-Walsh students **must** provide a SASE at time of testing for tests to be returned by U.S. Mail

Note: The Walsh College Testing Center will keep a copy of all exams taken by non-Walsh students in our secure server or locked in a file drawer until 1. The school or instructor has confirmed receipt of exam or 2. The end of the semester the exam was taken using Walsh semester dates.

### Testing Services Section

Date Test Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Student Tested: \_\_\_\_\_ Proctored By: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Did Student Leave Room: Time Out: \_\_\_\_\_ Time In: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Test Returned: \_\_\_\_\_ Returned to/by: \_\_\_\_\_ Log Completed by: \_\_\_\_\_

Instructor Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_