WALSH COLLEGE

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):

☐ Open Book   ☐ Calculator   ☐ Notes   ☐ Computer

☐ Scantron: #   ☐ Write on Exam   ☐ Essay Booklet   ☐ Answer Sheet

☐ Computer/Web-based test: ☐ **EXAM REVIEW ONLY**

Program: _____   Password: _____

Provide Web Address: _____

Other Comments/Instructions: _____

_____

_____

Special Accommodations: _____ : _____ AM/PM

Time Test Begins For Class (Instructor)   *Class Time Allotted (Instructor)*   *Recalculated Time (Retention Coordinator/TC)*

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 <u>must</u> 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: _____