

MANUAL TEST PROCTORING REQUEST FORM:

You are required to submit a Test Request at least one week before the exam date. Please email the completed form to **ivcdspsexams@ivc.edu**. *Indicates a required field.

Semester*:

Student ID #*:

Student Name*:

College Email*:

Course Name*:

Ticket #*:

Instructor's Name*:

Instructor's Email*:

Test Date*:

Test Time*:

Exam Title*:

WHAT ARE YOUR **APPROVED** ACCOMMODATIONS:

- | | |
|---------------------------------------|---------------------------------|
| <input type="radio"/> Time & one half | Scribe |
| <input type="radio"/> Double Time | Reader |
| <input type="radio"/> Enlarged Exam | Distraction Reduced Environment |
| <input type="radio"/> Use of Computer | Other _____ |

Comments: _____

TO BE COMPLETED BY INSTRUCTOR

Contact Information: Email _____ Phone#/Ext: _____

Can this request be rescheduled: ☐ Yes ☐ No

If yes, deadline Date _____ Time _____

☐ Exam Attachment ☐ Exam Drop Off ☐ Online Exam

EXAM GUIDELINES:

Time Allotted in Class: _____ hour (s) _____ Minutes

NOTES ☐ Yes ☐ No SCRATCH PAPER ☐ Yes ☐ NoCALCULATOR ☐ Yes ☐ No COMPUTER ☐ Yes ☐ No

If yes, what kind: _____ If yes, use of Internet? _____

SCANTRON ☐ Yes ☐ No DICTIONARY: ☐ Yes ☐ NoBOOK ☐ Yes ☐ No RESTROOM USE ☐ Yes ☐ No

REUTRN EXAM METHOD:

☐ EMAIL ☐ PROFESSOR PICK UP ☐ STUDENT DELIVERY

Location: _____

8-13-2025