

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 **ivcssctesting@ivc.edu**.

Semester:

Student ID #:

Student Name:

College Email:

Course Name:

Ticket #:

Instructor's Name:

Instructor's Email:

Test Date:

Test Time:

Exam Title:

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 ☐ NoCALCULATOR ☐ Yes ☐ No

If yes, what kind: _____

SCANTRON ☐ Yes ☐ NoBOOK ☐ Yes ☐ NoSCRATCH PAPER ☐ Yes ☐ NoCOMPUTER ☐ Yes ☐ No

If yes, use of Internet? _____

DICTIONARY: ☐ Yes ☐ NoRESTROOM USE ☐ Yes ☐ No**REUTRN EXAM METHOD:**☐ EMAIL☐ PROFESSOR PICK UP☐ STUDENT DELIVERY

Location: _____

8-13-2025