MAKE-UP/DISTANCE TESTING CHECKLIST: SAS

(Please provide one checklist and one student roster for each test)

Instructor's Name (please print):_____ _____Deadline:_____

Course_____Section_____ Phone:_____ Email:_____
(Only one section per checklist)

TEST DROP-OFF (Instructors): Testing Center Front Desk during normal office hours, Checklist, Student Roster with student Banner numbers. Department does **Not Print** checklist, student rosters, formula sheets or tests for instructors. <mark>Exams should be submitted to the Test Center 48 hours in advance</mark>

TEST LOCATION: Ozuna Library and Learning Center, Room 143. Instructors will be notified by email of any changes.

TESTING TIMES: *TESTING IS BY <u>APPOINTMENT ONLY</u> AND SHOULD BE <u>MADE BY 3:00 PM</u> AT LEAST ONE BUSINESS DAY PRIOR TO TEST DATE. Student <u>arriving 15 min. after appointment</u> time will be ask to <u>reschedule.</u>*

TEST CENTER OFFICE HOURS:	**Monday**	**8 a.m. – 7 p.m.**	
(for test pick-up or drop off)	**Tuesday – Thursday**	**8 a.m. – 6 p.m.**	**Friday 8am-5pm**

Test proctoring days: **Monday, Tuesday, Thursday 8:30am, 9:30am, 10:30am, 11:30am, 1:30pm**

TEST INFORMATION REQUIRED: (All tests must be either 100% online or 100% paper/pencil), **PAPER TESTS need Instructors Name and Course Name on front page of test.** Department **will not** take assignments for instructors.
Please check appropriate items and fill out completely. **On-Campus Course:_____ ___On-Line Course:_____ _____**

TEST NAME: (required)	**PASSWORD:** (if required)
LIMIT TIME (check one)	
_____ ( ) minutes *up to 75 minutes* · _____( ) 2 hours **MAXIMUM**	

MATERIALS ALLOWED (please check)			
_____ No Materials	_____ Computer	_____ Scratch paper	_____ Other (specify)
_____ Notes (# of pages)	(Basic, Scientific, Graphing) _____ Calculator **(circle)**	_____ Textbook	_____ Dictionary

The student will place answers on:			
_____ Test page	_____ Scantron	_____ Online	_____ Other (specify)

Name(s) of **student**(s) and **Banner number**(s) who will be taking make-up test: (attach roster if space provided is not adequate)

_____   _____

_____   _____

STUDENT IDENTIFICATION – Students <u>must present proper identification</u> in order to be administered any test. There will be no exceptions. *Students more than 15 minutes late must reschedule for another date. Students are responsible for securing large personal items (bags, etc.) outside the test room. **Students need to schedule test appointment through the PAC SAS Office.***

PLEASE ATTACH THIS COMPLETED CHECKLIST TO THE TEST(S)

All guidelines provided by the instructors will be strictly adhered to
Testing staff are not authorized to change any directions provided by the instructors

*************************************** **SAS USE ONLY** ***************************************

Term_____   Approved Extended Time: _____   Signature_____ Date Approved: _____

Test Date:_____ Test Location:_____ Start Time:_____ End Time:_____ Reader / Scribe / Kurzweil / None