Solano Community College Assessment Center
REQUEST TO PROCTOR A TEST IN ASSESSMENT

PLEASE PRINT CLEARLY

Student’s Name

Instructor’s Name

Course

How much time is the student given to complete the exam? _____ Hour(s) _____ Minute(s)

STUDENT MUST TAKE EXAM ON: DATE: __________________________

CIRCLE DAY OF WEEK & TIME: MONDAY TUESDAY 12:30pm 4:30pm

WEDNESDAY THURSDAY FRIDAY 08:30am 12:30pm

CHECK MARK Items the student is ALLOWED to use:

_____ Calculator  _____ Computer  _____ Dictionary

_____ Notes  _____ Open Book  _____ Other

Instructor Signature ______________________________ Date ________________

TEST DELIVERY METHOD

_____ Instructor will deliver test materials to Room 442 (ASSESSMENT CTR).

_____ Instructor will e-mail test to: nazia.mostafa@solano.edu

_____ Student will bring test materials in a signed/sealed envelope.

COMPLETED TEST SHOULD BE RETURNED VIA:

_____ Instructor will pick up test materials in ROOM 442 (ASSESSMENT CTR).

_____ Instructor will pick up test materials in ROOM 115 (GRAPHICS DEPT. SHELVES).

_____ Student will return test materials in a signed/sealed envelope.