



# TESTING REQUEST FORM

## Learning Centers

### STUDENT PHOTO I.D. REQUIRED

**Instructor Area:** Please complete this part of the form and attach it to the copy of the student's exam.

Instructor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Course: \_\_\_\_\_

Campus: \_\_\_\_\_ Test date (mm/dd/yyyy): \_\_\_\_\_ Time limit: \_\_\_\_\_

Select the test start time: \_\_\_\_\_ 9am \_\_\_\_\_ 11am \_\_\_\_\_ 1pm \_\_\_\_\_ 3pm \_\_\_\_\_ 5pm

Test instructions (include materials students can use):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you like the exam returned to you?

\_\_\_\_\_ Hold  
\_\_\_\_\_ Return by campus mail to: Leesburg \_\_\_\_\_ South Lake \_\_\_\_\_ Sumter \_\_\_\_\_  
\_\_\_\_\_ Nothing to return.

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT:** It is your responsibility to notify the instructor that this test has been taken. You must abide by the LSSC honesty code: "I will neither give nor receive unauthorized aid on any academic work, nor will I utilize any resources not specifically approved by my instructor for this test. I will not represent the work or ideas of another as my own, nor will I discuss this test with anyone. Failure to abide by these guidelines may result in my not receiving credit."

Print Name \_\_\_\_\_ XID: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### For Learning Center Use Only

Date Administered \_\_\_\_\_ Student photo ID checked by \_\_\_\_\_

Start Time: \_\_\_\_\_ Tutor Initials \_\_\_\_\_

End Time: \_\_\_\_\_ Tutor Initials: \_\_\_\_\_

Comments: \_\_\_\_\_