



## Form for Proctoring Tests for Faculty

Testing Coordinator: April Johnson / [ajohnson@blueridgectc.edu](mailto:ajohnson@blueridgectc.edu) / ext. 2114 / Room 1401

For students who do NOT receive testing accommodations ONLY. If the student receives testing accommodations, please direct to Michelle Smith [msmith@blueridgectc.edu](mailto:msmith@blueridgectc.edu) x2117

**Student(s):**

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**Test Name:** \_\_\_\_\_ **Course Name & Section:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_ **Instructor Phone:** \_\_\_\_\_

**Instructor E-mail:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Due Date:** \_\_\_\_\_ **Time Allowed:** \_\_\_\_\_

**If student exceeds the time allowed what should the test proctor do?**

Collect Test

Note Extra Time Taken

Nothing

**Indicate ALL items student is allowed to use during testing:**

Book

Notes

Calculator

Dictionary

Computer

Paper

Other \_\_\_\_\_

**Student is permitted to write directly on test:**      YES      NO

**How will you get the completed test?**

Pick up from 1401

Put in your mailbox

Other \_\_\_\_\_

**Special Instructions/Notes:**

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