

Test Proctoring for OAS

Form must be submitted by the end of week 1 every quarter.

Section 1:

Name: _____
ID#: _____
Email: _____
Phone #: _____
Course: _____
Date: _____

Testing Center (TC) Information & Times

Location: La Sierra University, Sierra Vista Hall (OACS)
Email: testing@lasierra.edu
Phone Number: 951-785-2452
Proctoring Hours: Mon -Thurs.: 8:30AM –Noon, 1:00PM – 5:00PM
Fridays: 8:30AM -NOON
* Finals week: Monday – Thursday as arranged with TC

Section 2: Test Information and Allowances (to be completed by professor or authorized staff only)

***All exam proctoring dates are subject to change due to the student's schedule, and Testing Center proctoring hours. The Testing center will always schedule as close to the original exam date as possible & notify professor and student of changes.**

Standard test time for course: _____ (min.)

Test 1 (day and time): _____

Test 2 (day and time): _____

Test 3 (day and time): _____

Test 4 (day and time): _____

Final Exam (day and time): _____

Standard final exam time: _____

Please check mark what may be allowed or needed for the exam:

Please specify any restrictions to the exam environment (e.g., no water bottles/ bathroom break) _____

Calculator (if necessary) Type: Basic Scientific Graphing

Provided by: Testing Center student (self)

Additional Allowances: Internet access Open Book Open Notes Other (specify) _____ None

Section 3: Test Arrival & Return

Test delivery method:

- Professor or TA to the TC
 Professor or TA will email test
To TC: testing@lasierra.edu

Test returned:

- Professor or TA will pick up from the TC
 TC will scan and email exam back

*If any special proctoring instructions, please mail testing@lasierra.edu or deliver with test

Professor name: _____ Phone #: _____

Signature: _____ Email: _____

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I understand I am granted testing accommodations through OAS. It is my responsibility to communicate with the Testing Center and my professor. It is my responsibility to hold to the stipulations within the Exam Agreement. If I no show/no contact for 2 tests, we will automatically cancel your remaining scheduled exams until you talk with testing.

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