Please attach this form to tests that will be administered in the Testing Center

TEST ENTRY FORM

	Date:			
Course/Number/Section	Course T	itle		
Test No. Unit/Chapter Title Instructor				
Active Dates: Number of Students Expected Number of Test Copies				
Type of Test: □ Computer Scored □ Instructor Scored □ Write on Test Copy		Students with Accommodations: Student(s) Name(s):		
Testing Platform: □ Canvas □ Lockdown Browser □ My IT Lab □ My Open Math	Use Scantron Answer Sheet: □Form B (100M/C & T/F)		□Extended Time: Amount of Time Extension:	
☐ My Math Lab ☐ My Accounting Lab ☐ My Business Lab ☐ Web Assign ☐ Other	Show Photo ID *Testing Center Policy requires anyone taking a test to show an ID*		□ Alternate Testing Location: (Other than Testing Center) Please list location:	
Students May Use: □ Test Center Scratch Paper □ Turn in scratch paper: □ File It □ Shred it □ Calculator-*Please specify type* □ On computer □ 4-Function □ Scientific □ Graphing □ Casio fx260			□*Test Reader □ *Scribe *Must Be Scheduled In Advance Through the MARC*	
☐ Testing Center TI-84 ☐ Specific Brand: ☐ Instructor Signature:				
☐ Textbook ☐ E-Textbook ☐ Notes ☐ Turn in Notes ☐ 3x5 Notecard ☐ 4x6 Notecard ☐ Turn in Notecard Other Aides- Describe: ☐ Office Phone				
	C	ell Phone	Number:	
Testing Center Staff Will:				
☐ Check Names off Roster (☐ Enter the following Canva				
☐ Enter the attached/following Lockdown Browser password: ☐ Enter the attached/following My IT Lab password:				
☐ Enter the attached/following My Open Math password:				
☐ Enter the attached/following My Math Lab password:				
□ Enter the attached/following My Accounting Lab password				
	ng My Business Lab password:			
	ing Web Assign password:	1		