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

TEST ENTRY FORM

(Revised 8/2025)

			Date:					
Course/Number/S	Section			Course Ti	tle			
Test No.	Unit/Cha	apter Title		Instructo	or			
Active Dates:	Т	hrough	Nu	mber of Stude	ents Exped	eted	Number of Test Co	pies
Type of Test: ☐Computer Scor ☐Instructor Scor	Student	Special Instructions: Students will: □ Write on Test Copy			Students with Accommodations: Student(s) Name(s):			
Testing Platform: □ Canvas □ Lockdown Browser □ My IT Lab □ My Open Math □ My Math Lab □ My Accounting Lab □ My Business Lab □ Web Assign □ Other		□For ⊠S *Testin anyone t	Use Scantron Answer Sheet: □Form B (100M/C & T/F) Show Photo ID *Testing Center Policy requires anyone taking a test to show an ID*			□ Extended Time: Amount of Time Extension: □ Alternate Testing Location: Using ADA Room *If using this accommodation students must schedule room through link received in their email 48 hours in advance*		
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 □ Testing Center TI-84						□ *Test Reader □ *Scribe *If using either of these accommodations students must schedule through the link received in their email 48 hours in advance*		
☐ Specific Brand: Instructor Signature:								
☐ Textbook ☐ E-Textbook ☐ Notes ☐ Turn in Notes ☐ 3x5 Notecard ☐ 4x6 Notecard ☐ Turn in Notecard Other Aides- Describe: ☐ Cell Phone						ne Number: Number:		
			Testing	Center Sta	ff Will:			
□Check Names		· 1			1			
☐ Enter the following Canvas password: ☐ 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								
☐Enter the atta		~ .						
☐ Enter the atta								