|  |
| --- |
| **Whatcom Community College Testing Referral Sheet** |
| General instructions to be used for:  Accommodated  Make up  Full Class - **include roster** |

**Please have your name on every test.** Test will not be administered in the Testing Center unless complete instructions are available to the proctor. Please check boxes for an affirmative response. Students **MUST** have picture ID available before being issued a test. It is the student’s responsibility to know the Testing Center hours and allow enough time to complete their test. ***Please note that all untaken exams will be disposed of at the end of the quarter***

|  |  |  |
| --- | --- | --- |
| Instructor Name: |  | Date Submitted: |
| \*Student Name: |  | Course/Exam: |
| **\*For a class – please write student’s name on exam or provide a copy of the roster and note anyone’s accommodation time** | | |
| Date to be taken by/on:       **Time Limit:**  **( Circle )** | | |
| **Notes Allowed: No**   3x5 card  8.5x11  Both Sides  Number of cards/sheets:       **Collect notes** | | |
| Textbook Allowed:  Other information: | | |
| Calculator Allowed: **No**  Basic  Graphing  Scientific  Other | | |
| Computer Allowed:  Programs: Word  Excel  canvas  Other | | |
| **Breaks Allowed:** None Restroom Only | | |
| **Hold** completed test for pick up  **Mail back** completed test to me in building | | |
| Staff use: Time in End time Seat | | |

|  |
| --- |
| **Whatcom Community College Testing Referral Sheet** |
| General instructions to be used for:  Accommodated  Make up  Full Class - **include roster** |

**Please have your name on every test.** Test will not be administered in the Testing Center unless complete instructions are available to the proctor. Please check boxes for an affirmative response. Students **MUST** have picture ID available before being issued a test. It is the student’s responsibility to know the Testing Center hours and allow enough time to complete their test. ***Please note that all untaken exams will be disposed of at the end of the quarter***

|  |  |  |
| --- | --- | --- |
| Instructor Name: |  | Date Submitted: |
| \*Student Name: |  | Course/Exam: |
| **\*For a class – please write student’s name on exam or provide a copy of the roster and note anyone’s accommodation time** | | |
| Date to be taken on/by:       **Time Limit:**  **( Circle )** | | |
| **Notes Allowed: No**   3x5 card  8.5x11  Both Sides  Number of cards/sheets:       **Collect notes** | | |
| Textbook Allowed:  Other information: | | |
| Calculator Allowed: **No**  Basic  Graphing  Scientific  Other | | |
| Computer Allowed:  Programs: Word  Excel  canvas  Other | | |
| **Breaks Allowed: None**  Restroom Only | | |
| **Hold** completed test for pick up  **Mail Back** completed test to me in building | | |
| Staff use: Time in End time Seat | | |