



SOUTHWESTERN

ACADEMIC TESTING CENTER

EXAM REQUEST FORM

**Instructor: This form must be completed and submitted with the exam.

COURSE INFORMATION	
1	Name & Number: (e.g. MTH 112 Trig)
2	Instructor:
3	Instructor email:
4	Student name: (if more than three, attach roster)
EXAM INFORMATION	
5	Opening Date & Time: (exam will close 4 days after opening)
6	Allotted Time: (max 3 hours)
7	Name of Exam: (if applicable)
8	Mode of Exam: (e.g. paper, eLearning, ALEKS)
9	Password: (if applicable)
10	Student must have: (e.g. Scantron, Bluebook)
11	Student may use: (e.g. calculator, scratch paper, notes, textbook, etc.)
12	Special Instructions:
13	When exam is complete: <input type="checkbox"/> Hold for me <input type="checkbox"/> Scan to me (online)

Contact: onlineproctor@socc.edu