

**ISU TESTING CENTER**  
**GRAVELEY HALL, SOUTH, ROOM 251**  
**TESTING GUIDELINES AND REQUEST FORM**

1. The Testing Center is not equipped to provide off center testing to a class, nor do we have staff available to provide in-class proctors. The maximum number of students that can be accommodated per exam is 20.
  2. Proctoring is only available for online classes and make up tests.
  3. Please make test available for more than one day to avoid scheduling conflicts.
  4. Due to high volume of tests we give, we require students to call to schedule at least 24 hours in advance.
  5. Please be aware that our center does fill up and we will not schedule additional students if our center is at capacity.
  6. Please limit exam requests for scheduling to Monday through Friday.
  7. *Tests must be sent to us with this request form completed in its entirety before the student is scheduled to take the exam.*
  8. Please include a class roster if more than one student will need to test.
  9. We accept tests via *inter-departmental mail (STOP 8027)*, or *e-mail (proctoredtest@isu.edu)*.
  10. Online passwords may be sent via e-mail to *proctoredtest@isu.edu*.
  11. Instructors must sign off on tests or deliver and pick up the tests in person at the Testing Center.
  12. The Testing Center **will not release any testing materials to students**. The Testing Center cannot collect homework, take-home tests, or other assignments from students without the prior approval of the instructor.
  13. The Testing Center does not give out take-home tests of any kind.
  14. For questions or other information, please contact the Testing Coordinator, Jamie Howerton at 208.282.4907 or *proctoredtest@isu.edu*.
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**TEST INFORMATION:**

Name of the **Student or Class** to be tested: \_\_\_\_\_

Date Test Sent To Test Center: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Campus Extension: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Course: \_\_\_\_\_ Test: \_\_\_\_\_

**TEST ADMINISTRATION INSTRUCTIONS:**

**Last Date Student Can Take Test:** \_\_\_\_\_

Time Limit: ☐ No ☐ Yes (please specify): \_\_\_\_\_ # of Students: \_\_\_\_\_

Answers should be placed on: ☐ Test  
☐ Answer Sheet  
☐ Blue Book  
☐ Other (Please Specify): \_\_\_\_\_

Testing Aids Allowed: ☐ Calculator ☐ Dictionary ☐ Notes/Open Book  
☐ Textbook (title): \_\_\_\_\_  
☐ Other (specify): \_\_\_\_\_

**Are Breaks Allowed?** ☐ No ☐ Yes **Break Instructions:** \_\_\_\_\_

**Instructor Test Pick-Up Verification:**

Date test picked up: \_\_\_\_\_ Instructors Signature: \_\_\_\_\_