

Proctor Request Form

****Please send a separate request form for each individual exam****

Educational Institution or ISU Department: _____ Course Title: _____

Today's Date: _____ Exam: _____ Exam Type: Paper Online*

***Instructor: Please send any proctor passwords to meridiantesting@isu.edu at least 48 hours before the exam time.**

Student may test: _____ Time Limit: ____min

Student Name**: _____ Instructor Name: _____

Student Email: _____ Instructor Email: _____

Instructor's Mailing Address (if applicable): ‡ _____

It is the student's responsibility to:

- 1. Email meridiantesting@isu.edu, call 208-373-1960, or navigate the ISU-Meridian webpage to schedule an exam appointment *after* the instructor sends this form.**
- 2. Inform the instructor of the student's scheduled exam date and time.**

PROCTORING INSTRUCTIONS

<p>Answers should be placed on</p> <p>Test Itself</p> <p>Answer Sheet Provided by Instructor</p> <p>Other (Specify): _____</p> <p>Testing Aids Allowed</p> <p>Calculator</p> <p>Dictionary</p> <p>Notes/Open Book (Textbook Title): _____</p> <p>Scratch paper just shred it send it back, along with the exam, as instructed below.</p> <p>Other (Specify): _____</p>	<p style="text-align: center;">**If requesting the same exam for multiple students, please enter additional names and emails here.**</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Are breaks allowed? PLEASE NOTE: We are NOT staffed to monitor breaks outside of the TSC (i.e. restrooms breaks).

No Yes (Instructions Required): _____

Any additional Instructions: _____

Instructions after exam completion (REQUIRED):

Email a scanned copy and mail the original to the mailing address given above. ‡

Email a scanned copy and keep the original on file until _____, then shred the original.

Other/Additional: _____