

Test Center Administration Instructions

Instructors are required to submit the exam in accessible PDF format via email to the Testing Center at TestingCenter@goodwin.edu.

INSTRUCTOR SECTION *MUST BE COMPLETED IN FULL*

Instructor full name: _____ Date: _____

Goodwin email: _____ Course: _____

Phone (if online test): _____ Date by which test must be taken: _____

NOTE: Instructor will be notified if the test is not taken by two weeks after above date. Tests will be returned to instructor or shredded.

Student first name: _____ Student last name: _____

Student ID number: _____ Test time required: _____

TEST TYPE *PLEASE CHECK ALL THAT APPLY*

Make-up ATI CBE Other _____

Paper or computer based exam? Paper Computer _____

If computer based exam, what is the password? _____

WHAT IS THE STUDENT ALLOWED TO USE?

Nothing Calculator Custom answer sheet Computer
 Notes Formulas/Tables Scantron Scrap paper
 Textbook must be provided by instructor must be provided by instructor Other _____

ACCOMMODATION(S)

Have test accommodations been requested? No Yes (If yes, complete below:) _____

EXTENDED TIME

Time given to class _____ + Extended time _____ = Total time allowed _____

Time and date student and instructor have agreed to: _____

Reduced distractions Scribe Reader Occasional breaks during exams
 Large Print Calculator Computer access

All accommodations must be verified by the Director of AccessAbility.

Accommodation(s) verified by: _____

Director of AccessAbility Signature: _____

Student first name: _____ Student last name: _____

ACADEMIC INTEGRITY POLICY

Goodwin University expects absolute integrity from every student in all academic undertakings. Students are expected to be honest with respect to the intellectual efforts of themselves and their peers. Submission of work for academic credit must be the student's own work. All outside assistance must be acknowledged and documented in the required format.

I have read and agree to abide by all testing policies (please sign): _____

Student signature at time of testing: _____

All accommodations were provided and implemented correctly and adequately. (Please check and sign.)

Agree _____

Disagree _____

Explain: _____

PROCTOR SECTION

Notes: _____

Date: _____ Time limit: _____ Hrs _____ Mins _____

Proctor: _____ Start time: _____ End time: _____

Exam release date: _____ Released to: _____

Instructor's signature: _____