



GOODWIN COLLEGE: Academic Success Center

# TEST ADMINISTRATION INSTRUCTIONS

**For reasons related to security and confidentiality, all tests must be picked-up. We do not return tests by mail, email, nor should they be sent by mail, email. (Thank you for your cooperation!)**

**INSTRUCTOR section complete page 1**

**PLEASE PRINT ALL INFORMATION**

Date: \_\_\_\_\_

Student: \_\_\_\_\_  
Last name First

Instructor: \_\_\_\_\_  
Last name First

Instructor Phone #: \_\_\_\_\_ (for proctor to contact if needed during exam)

Course: \_\_\_\_\_ Type (Exam 1, Quiz 1, Final): \_\_\_\_\_

Time limit: \_\_\_\_\_ hours + \_\_\_\_\_ minutes

Please check one:  Make-up  NLN / ATI  CBE Other (specify): \_\_\_\_\_

Instructor provided:  Scantron  Custom answer sheet  Formula / table

Student provided:  nothing  Calculator  Notes  Book Other (specify): \_\_\_\_\_

ASC provided:  Computer  Calculator  Scratch paper

Special instructions:

**Accommodations:**

**as applicable, refer to letter from Jesse Swider, AccessAbility Services Coordinator**

- |  |   |
|--|---|
| <input type="checkbox"/> Extended Time – Amount _____    | <input type="checkbox"/> Scribe                           |
| <input type="checkbox"/> Reduced Distraction Environment | <input type="checkbox"/> Reader                           |
| <input type="checkbox"/> Large Print                     | <input type="checkbox"/> Computer without Internet Access |
| <input type="checkbox"/> Braille                         | <input type="checkbox"/> Occasional Breaks during Exam    |
| <input type="checkbox"/> Calculator                      | <input type="checkbox"/> Other                            |

Accommodations verified by \_\_\_\_\_ Signed \_\_\_\_\_

**Jesse Swider, AccessAbility Services Coordinator  
860.727.6718 JSwider@goodwin.edu**



GOODWIN COLLEGE: Academic Success Center  
**TEST ADMINISTRATION INSTRUCTIONS**

**Student section**

**I have read and agree to abide by all testing policies:** \_\_\_\_\_

**ACADEMIC INTEGRITY POLICY**

Goodwin College 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.

**REASON FOR POLICY:** Goodwin College expects its students to assume full responsibility for the content and integrity of the coursework they submit. If a student fails to comply with the Academic Integrity Policy, the sanctions outlined below will be applied.

**POLICY REQUIREMENTS:** Students found not following the Academic Integrity Policy must follow the sanctions outlined in the policy.

**POLICY REFERENCE NUMBERS:** ACAD 2141

**POLICY STATEMENT:** All students will be held accountable for following the Academic Integrity Policy in all of their coursework at Goodwin College.

**RELATED POLICY INFORMATION:** The Academic Integrity Policy can be found in the Student Handbook and on the Goodwin Website.

**student signature (at time of testing)**

**Proctor section**

Date: \_\_\_\_\_

Time limit: \_\_\_\_\_ hours + \_\_\_\_\_ minutes

Proctor: \_\_\_\_\_

Time began: \_\_\_\_\_

Time completed: \_\_\_\_\_

Exam Released

Date: \_\_\_\_\_

To: \_\_\_\_\_

Signature: \_\_\_\_\_

**I hereby agree that all accommodations were provided and implemented correctly and adequately**

**(Please sign one of the following):**

• **Agree:** \_\_\_\_\_

• **Disagree:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proctor Notes (issues, optional):**

\_\_\_\_\_  
\_\_\_\_\_