

# Test Center Administration Instructions

Instructors are required to submit the exam in accessible PDF format via email to Megan Rajbanshi, Coordinator of AccessAbility Services at [MRajbanshi@goodwin.edu](mailto:MRajbanshi@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: \_\_\_\_\_

## 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  
 Large Print       Calculator       Computer Access       During Exams

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 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.

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: \_\_\_\_\_