



GOODWIN COLLEGE: Academic Success Center
TEST ADMINISTRATION INSTRUCTIONS

Instructor section

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:

Student section

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.

I have read and agree to abide by all testing policies: _____
Student signature (at time of testing)

Proctor section

Date: _____ Time limit: _____ hr _____ min Exam released date: _____

Proctor: _____ Start time: _____ To: _____

End time: _____ Signature: _____

Accommodations

As applicable, refer to letter from Jesse Swider, AccessAbility Services Coordinator

- Extended Time – Amount _____
- Reduced Distraction Environment
- Large Print
- Braille
- Calculator

- Scribe
- Reader
- Computer without Internet Access
- Occasional Breaks during Exam
- Other

Accommodations verified by _____ Signed _____

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

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

(Please sign one of the following):

- **Agree:** _____
- **Disagree:** _____
- **Explain:** _____

Proctor Notes (issues, optional):

Accommodations