Print Form

EXAM LAB TEST FORM

LCCC Exam Lab
EEC 224
examlab@lccc.wy.edu
Phone: (307) 778-1274
Fax: (307) 778-4311

REQUIRED Instructor Information

Date: _____

Name: _____

Contact #: _____

E-mail: _____

Course Name/#: _____

Exam Name/#: _____

# of Exam Copies: _____

Exam Description

- ☐ Regular Course Exam
- ☐ Make-Up Exam
- ☐ Telecourse/Internet

Testing Platform

- ☐ Paper
- ☐ Lockdown Browser
- ☐ LMS (password) _____
- ☐ Other Computer-Based Program (please specify) _____ (password) _____

Student May Use

- ☐ **NOTHING**
- ☐ Textbook
- ☐ Dictionary/Thesaurus
- ☐ Scratch Paper (#) ____ ☐ Attach to Exam
- ☐ Calculator (please specify) _____
- ☐ Notes/Cards (please specify) _____
- ☐ Other Aids (please specify) _____
- ☐ Computer

Special Instructions or Accommodations

Proctor must have approval from instructor to extend exam dates. E-mail notification is preferred.

Exam Dates _____

Exam Pick-Up _____

Exam Time Period

Maximum Time Allowed

Students with Testing Accommodations

Standard Time _____

Extended Time _____

Exam requests will not be accepted or the exams administered for whole classes that should be tested during regular class sessions.

Individuals Taking Exam

- ☐ Roster Attached
- ☐ Any Student Requesting Exam
- ☐ Specific Students (see below)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Instructor Signature _____