

Testing Center

Proctored Exams Cover Sheet Instructor's Name: Instructor's Contact Info: _____ (must include cell phone number in case of problems during exam) Student's Name: (one form must be submitted per student) Course name & number: _______ Student may come and take their exam between these times/dates: (Testing Center hours must be taken into account) through Time limit: hours and minutes Is this an online exam? Yes/No If yes, please provide a password if necessary: Does the exam need to be taken all at once? *Are there any special instructions (Ex: student may use a calculator)* **Student Signature:** Justification for needing a proctored exam: ☐ Missed scheduled class exam Athlete Date: ☐ Special Accommodations Needed Please explain needed accommodations

Odessa College

201 W. University Blvd Spur Building Suite 150 Phone: 432-335-6620 **Testing Hours:**

Mondays 9:00am – 5:00pm Tuesdays 8:00am – 8:30pm Wednesdays-Thursdays 8:00am – 5:00pm Fridays 8:00am – 12:30pm