

Western Texas College

Proctor Service Form

Date of Request:_____

Instructor Name:_____ **Email Address:**_____

Phone Extension:_____ **Cell Phone #:**_____

Type of Test: (Please mark all that apply)

<input type="checkbox"/>	Chapter Test	<input type="checkbox"/>	Paper Test
<input type="checkbox"/>	Midterm	<input type="checkbox"/>	Scantron
<input type="checkbox"/>	Final	<input type="checkbox"/>	Moodle
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

Course Section: _____ (ex. Engl 1301.001)

Password:_____

Dates exam is available for students: Start:_____ **End:**_____

Time Limit:_____

Testing Aids Allowed: (Please mark all that apply)

<input type="checkbox"/>	Open Book	<input type="checkbox"/>	Scratch Paper
<input type="checkbox"/>	Thesaurus	<input type="checkbox"/>	Notes
<input type="checkbox"/>	Dictionary	<input type="checkbox"/>	Instructor Answer Sheet
<input type="checkbox"/>	Other:	<input type="checkbox"/>	None
<input type="checkbox"/>	Calculator :please specify type here _____	<input type="checkbox"/>	Other: