

**\*Submit this form 7 business days prior to scheduled test date to allow coordination of services. Tests should begin at or before 2:30pm\***

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### To be completed by the Student

Name: \_\_\_\_\_ RUID# \_\_\_\_\_

Course Name and Number: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### To be completed by the Professor

**\*Use of the term "test" also includes any assessment, quiz or exam\***

Professor Name: \_\_\_\_\_ Duration of Test: 50mins 75 mins other: \_\_\_\_\_

Date student will take test: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time student will take test: \_\_\_\_:\_\_\_\_ AM/PM  
mm dd yyyy

**Contact information, for any CAS Staff questions DURING scheduled time:**

Location: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(required) (required) (optional)

**Check items ALLOWED in the testing room:** (book bags, electronic devices, purses, etc. are not allowed)

- |                                      |                                      |   |                                     |
|--------------------------------------|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Calculator  | <input type="checkbox"/> Class Notes | <input type="checkbox"/> Formula Sheets       | <input type="checkbox"/> Note Cards |
| <input type="checkbox"/> Study Guide | <input type="checkbox"/> Workbook    | <input type="checkbox"/> Open Book/Open Notes | <input type="checkbox"/> Scantron   |

Other: \_\_\_\_\_

**Pre-Test Delivery Instructions:** (do not use campus mail)

- |   |  |
|---|--|
| ____ Student will deliver to CAS              | ____ Professor will deliver to CAS _____<br>(date)                                       |
| ____ Professor's designee will deliver to CAS | ____ Professor will email <a href="mailto:CAStests@radford.edu">CAStests@radford.edu</a> |
| ____ Test will be posted online               | on _____ (date)  |

**Post-Test Return Instructions:** (CAS does not hand deliver or mail completed tests)

- |                                       |  |
|---------------------------------------|--|
| ____ CAS will email to _____          | ____ Professor will pick up            |
| ____ Student will return to Professor | ____ Professor's designee will pick up |

Additional delivery/return instructions: \_\_\_\_\_

Professor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Information for Professors and CAS registered students:**

1. A *Proctoring Request Form* is **NOT** required if the Professor and student have agreed to an alternate test location outside the CAS.
2. The Professor and student should complete **ALL** sections of this form and **return it to the CAS prior to the scheduled test date.**
3. Tests may be scheduled Monday-Friday (Monday-Thursday for Final Exams only) and should begin at or before 2:30pm.
4. Electronic versions of tests should be emailed to [CAStests@radford.edu](mailto:CAStests@radford.edu)
5. **Students may begin their tests up to 15 minutes past the scheduled start time but will only be allowed the remainder of their extended time. Students later than 15 minutes MUST reschedule with written permission from the Professor and should begin before 2:30pm.**
6. Proctors in the CAS will regularly monitor students and report Honor Code violations.
7. Tests being delivered to the CAS by the student should be in a sealed envelope.
8. Tests returned by the student will be in a sealed envelope.

Contact the CAS with questions or concerns 540-831-6350.

**FOR CAS USE ONLY**

Testing Room \_\_\_\_\_ AT Lab \_\_\_\_\_ Other: \_\_\_\_\_

Extended Time: \_\_\_\_\_ Time Started: \_\_\_\_\_ Ended: \_\_\_\_\_