

# CCBC TESTING CENTERS

# PROCTORED TESTING FORM

<b>CATONSVILLE</b> Location: K-205 Phone: 443.840.5246 E-mail: catonsville.testingcenter@ccbcmd.edu	<b>DUNDALK</b> Location: L-112 Phone: 443.840.3572 E-mail: dtc@ccbcmd.edu	<b>ESSEX</b> Location: A-215 Phone: 443.840.1901 E-mail: etc@ccbcmd.edu
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Please visit the CCBC website at [www.ccbcmd.edu/testing](http://www.ccbcmd.edu/testing) for current hours of operation. Faculty and students may call/e-mail the Testing Center to **verify hours** and to **make an appointment**. Hours are subject to change without notice and the Testing Centers may not be open every Saturday. Appointments for testing are necessary for the Catonsville and Essex campuses only.

## **ATTENTION FACULTY MEMBER:** Please provide ALL of the following information:

Test Submission Date: \_\_\_\_\_ Faculty Name: \_\_\_\_\_ E-Mail Address & Phone Number: \_\_\_\_\_  
Course Name/Number: \_\_\_\_\_ Description/Title of Test: \_\_\_\_\_ Date/Time of Class Test \_\_\_\_\_  
Deadline: \_\_\_\_\_ Time Limit: \_\_\_\_\_ Is a change in date/time permitted without instructor's permission?  Yes  No  
Student's Name: \_\_\_\_\_ \* (If this exam is for a distance learning class or for more than one student, a roster **MUST** be attached.)

## **SPECIFIC TESTING INSTRUCTIONS:** (Please check all that apply)

DICTIONARY  NO  YES  ENGLISH  NON-ENGLISH  ELECTRONIC  
CALCULATOR  NO  YES  GRAPHING  NON-GRAPHING  
TEXTBOOK  NO  YES TITLE (optional): \_\_\_\_\_  
MATERIALS  NO  YES \_\_\_\_\_ (for example: periodic tables, formulas, diagrams, scrap paper)  
NOTES  NO  YES

## **ACCOMMODATIONS PER DISABILITY ACCOMMODATION LETTER:**

XT (Time plus 1/2)  Quiet Room/Distraction Free  Large Print/CCTV  Use of the Computer  Calculator  
 Reader  Scribe  Taped/Scanned Test  Spelling Aid  Kurzweil  Other \_\_\_\_\_

## **ANSWER FORMAT:** (all materials must be provided by the instructor)

Directly on the Test/Exam  Notebook Paper  Blue Book (provide)  Scantron Form (provide)  
 Separate Answer Sheet (provide)  Other (please specify) \_\_\_\_\_

## **DELIVERY INSTRUCTIONS:**

Instructor or Instructor's designee (name) \_\_\_\_\_ will pick up on (indicate date) \_\_\_\_\_

Send to me via inter-office mail\*\* at \_\_\_\_\_ or US Postal mail to: \_\_\_\_\_

\*\* If the instructor requests, staff will mail completed tests; however, the Testing Centers are not responsible for the security of these tests once they leave the office.

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED (date/initials)

ADMINISTERED (date/time/initials)

PICKED UP/MAILED (date/signature)

