

Learning Resource Center Faculty Testing Instructions

(PLEASE COMPLETE & ATTACH TO TEST)

STUDENT NAME: _____

COURSE: _____

INSTRUCTOR: _____

DATE/TIME TEST CAN BE TAKEN: _____

TIME LIMIT FOR EXAM: _____

SPECIAL INSTRUCTIONS: (Please check all that apply)

STUDENT HAS ACCOMMODATIONS (Please list below)

STUDENT MAY USE _____ (#) PAGES OF NOTES

STUDENT MAY USE TEXT BOOK

STUDENT MAY USE CALCULATOR

ATTACH SCRATCH PAPER TO COMPLETED TEST

RESPONDUS CANVAS PASSWORD: _____

RESPONDUS HAWKES PASSWORD: _____
EXIT PASSWORD (if needed): _____

NON-RESPONDUS PASSWORD: _____

CHOOSE ONE: Staff enters password Give password to student

List all accommodations: _____

[If testing reader is allowed, please email in WORD document (.doc/.docx) format]

Other instructions: _____
