

For Office Use ONLY

Test start time: _____ Test end time: _____

Please fill all required fields below:

Please schedule test with the office at least 5 business days in advance. Instructor must complete Instructor section below. All tests must be completed 15 minutes prior to closing.

Student Name: _____

Student Phone: _____

Catalog number: _____

Instructor Name: _____

Test Date: _____ **Test Time:** _____

Request Alternate Time/Date (only)

(Requires Instructor Signature)

New Date: _____ New Time: _____

Instructor Signature: _____

To be completed by Instructor: Please complete this section and return to SAS with test. If student has requested a change in the date/time of the test, please complete and sign the shaded area above

Please select method of test delivery:

Instructor to bring test to SAS Student to bring test to SAS

Instructor will email test to: sas@buffalostate.edu

Please select method of test return:

Instructor will pick up test from SAS

Student will deliver test to department or instructor at (location): _____

Duration of test in the classroom: _____

Approved Exam Materials (Please check all that apply)

Nothing allowed Open Notes Open Book

Calculator Dictionary Formula Sheet Cheat Sheet (specify size/details) _____

Blue Book Scan Tron Blue Green

Other: _____

I have indicated on this form all approved exam materials. SAS will not allow any additional exam materials unless instructor notification is received.

Instructor Signature: _____ Date: _____

Official Use Only

Test Received - Date: _____ Initials: _____

Checked in student - Initials: _____ Checked out student - Initials: _____

Filed for p/u _____ Packaged for delivery: _____ Initials: _____