

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 (ex: MAT 100): _____

Instructor Name: _____

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

Request Alternate Time/Date (only)

(Requires Instructor Signature)

New Date: _____ New Time: _____

Reason: _____

*Instructor Signature: _____

***To be completed by Instructor:** Please sign this section for confirmation. 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)

Blue Scan Tron Green Scan Tron Write on test Blue Book

Nothing allowed Open Notes Open Book

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

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: _____