

**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](mailto: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: \_\_\_\_\_