

College of Southern Idaho – Testing Center Proctor Sheet

CONFIRMATION # _____
Office use only

Complete _____
Blank _____
Picked Up _____
Total _____
Processed _____ Date _____

Please Note: Each instructor is responsible for supplying the copies required for each test. The instructor's name and class are **required** on all tests. Please inform your students of the following testing policies: **NO CSI tests will be given without a CSI ID.** Other tests photo identification, and **NO** tests will be given out any later than one hour prior to when the testing center closes.

Instructor Name:	Phone:	Email:
Course Name:	Course Number:	
Test Name:	Section Number(s):	
Open Date:		
Close Date:		
# of Tests on File:		
# Expected to Test:		

Standard testing procedure is as follows: No books or multiple page notes will be allowed in the testing room and testing center will not time tests. Please check all items below that apply to your test:

	Use Answer Sheet or Scantron
	Student may write on test
	Student may use calculator – <input type="checkbox"/> Basic <input type="checkbox"/> Scientific <input type="checkbox"/> Graphing <input type="checkbox"/> Clear Calc
	Student may be given scratch paper - <input type="checkbox"/> Attach <input type="checkbox"/> Destroy <input type="checkbox"/> Mail <input type="checkbox"/> File for pickup
	Student may have one page of notes Specify Size <input type="checkbox"/> one side <input type="checkbox"/> front & back
	Computer Testing Program – Password
	Approximate time to complete test:
	Special Instructions:

Name of person(s) authorized to pick up the tests (Individuals whose names are not listed will **NOT** be allowed to take possession of the tests):

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