

Faculty Testing Form

Exams to be taken at the CAAS must be accompanied by a completed Testing Form and may be submitted to CAAS in Room A 125 or via e mail at caas@triton.edu

Today's Date _____

Student (first/last name): _____

Faculty (first/last name): _____

Phone/Ext. _____

Class Name, #, and Section _____

How Many Minutes Does Your Class Get for the Exam? _____

Test or Quiz Name _____

Last Date Student Can Take Exam _____

Materials students may use for the exam. Circle all that apply:

Book Notes Calculator Dictionary Scratch Paper Scantron

Special Instructions: _____

Exams will be held at the CAAS office in room A 125 for Faculty to Pick up

_____ Office Use Only _____

Appt. Date _____

Appt. Time _____

Equipment Allowed for Testing _____

Assigned Testing Location _____

Accommodative Test Time Allowed (# min.): _____

Testing Date _____

Time Exam must be completed: _____

Proctor _____ Time Exam Started _____ Time Exam Completed _____

Entered in CAAS Database _____

Faculty Pick-up Date _____

Student Pick-up Date _____

Online Transmission _____

Date Recorded in Database _____ Staff Entering _____

Services Used

Kurzweil _____

Computer _____

CCTV _____

Calculator _____

Low Dist. _____