|  |  |                  |   |               | Ap  | pointmen  | t Date & Time |               |           |
|--|--|------------------|---|---------------|---|---|---------------|---------------|-----------|
| LEWIS<br>& CLARK   | Haskell Testing Center (HTC) Proctored Test Instruction Form |                  |   |               |   |   |               |               |           |
| COLLEGE<br>DISCOVER  |  | <u>center@lc</u> | •                                       | 618-468-5     |   | Н   | K B25         | www.lc.edu    | ı/testing |
| STUDENT DETA<br>Student Name(s<br>If student list exceeds<br>provided, submit onl<br>with a separate list of | 5):<br><mark>s space</mark><br><mark>y ONE form</mark>       |                  |   |               |   |   |               |               |           |
| INSTRUCTOR DI<br>Instructor Name<br>Last Name, First Nam   | 2:   |                  |   |               |   | Cell Pho  | ne:           |               |           |
| Email:   |  |                  |   |               |   | Campus  | Ext:          | Mailbox       | :         |
| <b>TEST DETAILS</b><br>Course Prefix &   | Number   | :                |   |               |   | Exam Tit  | :le:          |               |           |
| Lockdown Brow  | ser* Rea   | wired:           | Yes                                     | No            |   | Passwor   | 4**·          |               |           |
| *HTC terminals do not have webcams installed due to in-person  |  |                  |   |               | **Please limit passwords to <u>10 CHARACTERS OR LESS</u> ** |   |               |               |           |
| proctors. Please a   | djust port   | al settings a    | ccordingly.                             |               |   |   |               |               |           |
| Test Portal:<br><mark>Note: Students mu</mark>   | Blackbo<br><mark>st have th</mark>                           |                  | ly Math Lal<br><mark>ate usernam</mark> |               |   | Scantror<br>r test port   |               |               |           |
| Test Dates:  |  |                  |   |               |   | Time Limit:Minutes<br>**total test time including extended time** |               |               |           |
| PERMISSIBLE IT   | EMS:   | Books:           | Yes                                     | No            |   | C   | Calculator:   | Yes           | No        |
|  |  | Notes:           | Yes                                     | No            |   | S   | crap Paper:   | Yes           | No        |
| OTHER INSTRUC  | CTIONS:  |                  |   |               |   |   |               |               |           |
|  | Hac this   | student re       | auested:                                |               |   |   |               |               |           |
| <ul><li>ACCESSIBILITY: Has this student requested:</li><li>Extended time on tests/exams?</li></ul>           |  |                  |   |               | Yes   |   | No            |               |           |
| - A screen rea   |  |                  |   |               | Yes   |   | No            |               |           |
| <mark>***</mark> If yes, th  | <mark>e student</mark>                                       | must contac      | <mark>ct Center for</mark>              | Access & Acco | <mark>mmod</mark>   | ations  |               |               |           |
| POST-TEST INST   | RUCTIO   | NS: PLEAS        | E SELECT O                              | NE            |   |   |               |               |           |
| Instructor will pick up from HTC   |  |                  |   |               | Return completed test via campus mail                       |   |               |               |           |
| Return materia   | al not tak   | en by dea        | dline via ca                            | impus mail    |   | No act  | ion required  | d by HTC Staf | f         |
|  |  |                  |   | FOR HTC ST    | AFF (   | ONLY  |               |               |           |
| Received by:   |  |                  |   |               |   |   |               | Date:         |           |
| Administered by  | /:   |                  |   |               |   |   |               | Date:         |           |
| Start Time:  |  |                  | Time Limit                              | t:            |   |   | End Time:     |               |           |