LC ASSESSMENT & TESTING CENTER

Proctored Test Instructions Form

Main Godfrey Campus Contact Information:
testingcenter@lc.edu   618-468-5232   HK B25   www.lc.edu/testing

STUDENT DETAILS:
Student Name(s): _____

If student list exceeds space provided, **submit ONE form** with a separate list of names.

_____

INSTRUCTOR DETAILS:
Instructor Name: _____   Cell Phone: _____

Last Name, First Name

Email: _____   Campus Ext: _____ Mailbox: _____

TEST DETAILS
Course Prefix & Number: _____   Exam Title: _____

Lockdown Browser* Required: ⃝ Yes ⃝ No   Password**: _____

*Terminals do not have webcams installed due to in-person proctors. Please adjust portal settings accordingly.   **Please limit passwords to 10 CHARACTERS OR LESS.

Test Portal: ⃝ Blackboard ⃝ My Math Lab ⃝ Paper ⃝ Scantron ⃝ Other _____

Note: Students must have their appropriate usernames and passwords for test portals.

Test Dates: _____   Time Limit: _____ Minutes

(Total test time including extended time)

Extend Test Dates? ⃝ Yes ⃝ No ⃝ Extend until: _____

Note: If yes, extension granted through end of semester.

PERMISSIBLE ITEMS: Books: ⃝ Yes   ⃝ No   Calculator: ⃝ Yes   ⃝ No
                          Notes: ⃝ Yes   ⃝ No   Scrap Paper: ⃝ Yes   ⃝ No

OTHER INSTRUCTIONS: _____

ACCESSIBILITY: Has this student requested:
Extended time on tests/exams?   ⃝ Yes   ⃝ No
A screen reader*** to read content out loud?   ⃝ Yes   ⃝ No

***If yes, the student must contact the Center for Access & Accommodations.

POST-TEST INSTRUCTIONS: PLEASE SELECT ONE

⃝ Instructor will pick up   ⃝ Return completed material via campus mail

⃝ No action required by Staff   ⃝ Return material not taken by deadline via campus mail

FOR STAFF ONLY

Start Time: _____   Time Limit: _____   End Time: _____

Revised: November 2024