Instructors, please follow the directions below when completing this form.

1. Complete one form for each student and for each test a student will be taking in our office.
2. Attach all necessary exam/test materials. We already have testing books in our office as well as pencils for testers to use.
3. Submit this form by emailing it to rsc-testingcenterorlando@devry.edu and include the exam as an additional attachment, if necessary. You may also drop it off in person at the Office of the Registrar & Testing Center.

### Testing Information: (All Fields are required) (DSI Numbers can be found in the attendance system.)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Student ID Number</th>
<th>Course Code (Ex: MATH114)</th>
<th>Course Title</th>
<th>Time Allowed</th>
<th>Dates Test is Permitted to be Taken</th>
</tr>
</thead>
</table>

**Materials Allowed:** *(Unless specified, no materials will be permitted.)* 

Instructors, please inform your students of the following before submitting this form.

1. Student will need to make an appointment before coming in to the Testing Facility. They can either make the appointment via email at the email address above or call us at 407.226.6439.
2. Please inform the student that we are located across from Student Central at the Orlando Campus.
3. Tests cannot be started if the start time does not accommodate time allowed. *(For example, if our last tester can be taken at 5 pm, then a 3.5 hour test would have to start no later than 4 pm.)*

Below are the hours students are permitted to take tests. The last time on each day is the latest we will allow a student to sit and take a test.

- **Monday - Thursday**
  - a. 11 AM – 5:30 PM

- **Friday**
  - a. No Testing

- **Saturday**
  - a. 9 – 11 am

### Professor Signature:

Comments: *(If necessary)*

Signature: ___________________________ Date: ____________

### Registrar/Testing Center Staff:

Proctor Name: *(Please Print)_________________________ Date: ____________

Exam Received by: *(Please Print)_______________________ Date: ____________