COLLEGE OF SOUTHERN NEVADA TESTING CENTER

ACADEMIC EXAM/TEST REQUEST FORM

	CAMPUS:	☐ Charleston	☐ North Las Vegas	□Henderson	
PROFESSOR/INSTRUCTOR:			CLASS:		
CONTACT: Email:		Phone:			
TEST NAME/NUMBER:					
PASSWORD (If Online):					
WEBSITE (if not Canvas):					
START DATE:			END DATE:		
Type: ☐ Dist. Edu (Online☐ Make-up (for a str In-person class exan	udent who misse	d regular	Exam/Test Duration:		
Method of Returning the Exam (if paper): In-person Pick up (authorization note/email needed if picked up by a person other than the Professor/Instructor)					
Test Allowances: (check all the	hat apply)		Notes/Specifics		
Restroom (Bathroom Breaks):				
Calculator					
Dictionary					
Books					
Notes					
Reference Materials					
Computer Access (if paper) -	-No Cell phones,	/Watches 📮			
Scratch Paper					
Special Instructions:					

INSTRUCTIONS:

- 1. Fill out this Form.
 - a. Email: WCHtestingcenter@csn.edu/NLVtestingcenter@csn.edu/Hendersontestingcenter@csn.edu
- 2. Please provide class Roster(s) with students' names, and their NSHE ID number(s).
- Please send the exam/test instructions at least one week (5 working days) before the exam start date, and (if paper/pencil exam) printed copies of each exam for the number of students involved through secured means.
 Note: The Testing Center will not print out exams.
- 4. Allow a reasonable window, at least a one-week window (5 working days), for the completion of the exam to enable the testing centers to accommodate other academic exams scheduled at the same time.
 - a. Exceptions allowing a student to take an exam early/late **must** be in email to the Testing Center.
- 5. Due to Space/Budget restraints, full class exams are limited to Dist. Edu. (Online Campus) Course Exams ONLY.

FOR OFFICE USE

Exam/Test was received by:	Exam/Test proctored by:	
Exam/Test Materials released by:	Exam/Test materials picked up by:	Sign:

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