***FCC Testing Center Exam Form***

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| --- | --- | --- | --- | --- | --- |
| *Instructor First & Last Name:* |  | |  | | |
| *Course info:* | *Course #:* | | *Course Title:* | | |
| *Course Location:* | *On Campus* | | *Online/Hybrid* | |  |
| *Phone:* | *(H):* | | *(W):* | | *(C):* |
| *Test (quiz, exam, etc):* |  | | | | |
| *Testing Dates:* | *Start:* | | | *End:* | |
| *Time Limit:* |  | | | | |
| *Student Names (attach separate roster if necessary):* |  | | | | |
|  | | | | |
| *Does student have an accommodation Plan?* | *Yes:* | *No:* | | Note: If extended time is permitted, please account for that time in your time limit above. | |
| *Proctoring Instructions:* | (Please check all supplemental material that is allowed or necessary)   |  |  |  |  | | --- | --- | --- | --- | | *Bluebook*  *Calculator\**  *Computer^* | *Dictionary*  *Ear Plugs*  *Franklin Speller* | *Head Phones*  *Periodic Table*  *Scantron* | *Scrap Paper*  *Textbooks*  *Other Assistive Technology* | | *Notes (be specific... 3x5 note card, size of paper,front/back, #pages allowed, etc):* | | | | | | | | |
| *Other Information:* |  | | | | |
| *Untaken/Expired exams will be returned to your mailbox, Box #:* | | | | | |

*\*Student’s will be required to use a calculator provided by the Testing Center unless otherwise noted. ^Please list all allowed applications*

*Please fill out and attach to a brown envelope containing test(s) & return to room L-104, or this form can be emailed, along with test and materials, to* [*testingcenter@frederick.edu*](mailto:testingcenter@frederick.edu)*. Completed exams must be signed for in the Testing Center.*

*For questions contact 301-846-2522 or testingcenter@frederick.edu.*