

Proctoring Services Form

California State University Northridge, Testing Center
18111 Nordhoff Street
Northridge, CA 91330-8240
818-677-2369
Testing Officer: Charity Chia

Appointments are **NOT** made until exam materials have been received by the Testing Center. Appointments are NOT made within 24 hours of an exam deadline. Form is to be completed and returned by candidate's institution and/or instructor. **Cannot be submitted by the candidate.**

Testing Center Hours

Monday – Friday, 8:30am – 4:45pm, by appointment (*first-come, first-served based on availability*)

Candidate's/Instructor Information (please print)

Candidate's Name: _____ Candidate's Phone: _____

Candidate's Email: _____

Instructor's Name: _____ Instructor's Signature: _____

Instructor's Phone: _____ Instructor's Email: _____

Course Name/Number: _____ Midterm/Final/Exam#: _____

Exam Parameters:

- | | | |
|---|--|--|
| <input type="checkbox"/> Open Book | <input type="checkbox"/> Dictionary/Thesaurus | <input type="checkbox"/> Word-spell check |
| <input type="checkbox"/> Open Notes | <input type="checkbox"/> Scratch Paper <small>(provided by Testing Center)</small> | <input type="checkbox"/> Notepad-no spell check |
| <input type="checkbox"/> Note Card / Crib Sheet
<small>(card/sheet size _____)</small> | <input type="checkbox"/> Calculator
<small>(Basic or graphing)</small> | <input type="checkbox"/> NO MATERIALS ALLOWED |

Special Instructions / More Information:

- | | | |
|--|--|--|
| <input type="checkbox"/> Collect Notes/Note Card | <input type="checkbox"/> Collect Scratch paper | <input type="checkbox"/> Write answers on exam |
| <input type="checkbox"/> Scantron provided | <input type="checkbox"/> Essay book provided | <input type="checkbox"/> Answer sheet provided |
| <input type="checkbox"/> Online password: _____ | <input type="checkbox"/> Other (please explain): _____ | |

Test Available On: _____

Deadline Date: _____ **Time limit:** _____
Hour(s) Minutes

Exams will be kept by CSUN Testing Center for a maximum of 30 days from receipt of exam materials, unless otherwise indicated by a deadline date listed above.

Return of completed exams:

- | | | |
|---|--|--|
| <input type="checkbox"/> USPS mail | <input type="checkbox"/> Prepaid envelope provided | <input type="checkbox"/> Examinee supplies prepaid postage |
| <input type="checkbox"/> Scanned & Emailed Email address: _____ | | |