Community Colleges of Spokane

Spokane Community College
PROCTORED TESTING EXCEPTION FORM

The Testing Center proctors a limited number of tests for students in hybrid or face-to-face classes who have extraordinary circumstances that prevent them from testing with their class.

- Service offered as space and staffing allow. Not available during finals or other peak testing times.
- Requests must be approved by the instructional dean and Director of Admissions and Registration.
- Provide as much lead time as possible to help us serve as many students as possible.
- Exception testing is by appointment only. Students who are more than 15 minutes late may be asked to reschedule, and instructor permission to reschedule may be required.

For our proctored testing requirements, visit the SCC Online Testing webpage.

Request your exam: Submit this form to your instructional dean for approval before routing to the Director of Admissions and Registration. Upon approval and receipt in the Testing Center, our staff will contact you with further instructions.

INSTRUCTOR CONTACT INFORMATION

First name _____ Last Name: _____

Building/Office: _____ Email: _____ Phone: _____

STUDENT TESTING INFORMATION

First name _____ Last Name: _____

Student ID: _____ Course: _____ 4- or 5-Digit Class No _____

Reason for Exception: ☐ Unavoidable absence ☐ Retake ☐ Other

Testing Date: _____ Testing Time: _____ Time allowed for Test (minutes) _____

Type of Test: ☐ Online – If online, does this test use Respondus? ☐ No ☐ Yes

Other Software Required _____

☐ Pencil/Paper

PLEASE SELECT DETAILS FOR THE EXAM

Students will only be allowed items checked below or listed in the special instructions.

Allow Scratch Paper? ☐ No ☐ Yes Calculator: ☐ Basic ☐ Graphing ☐ Scientific

☐ Open Book ☐ Open Notes ☐ Scantron ☐ Software

SPECIAL INSTRUCTIONS

Test Results: ☐ Instructor will pick up test materials from the Testing Office

☐ Online test: No Action Required

APPROVAL

Instructional Dean: _____ Date _____

Director of Admissions and Registration _____ Date: _____

Received at Testing Center Date: _____ Initials: _____