

**This form is to be completed by SWC faculty.**

**All sections of this form must be completed and the form and test(s) to be administered submitted to the Academic Success at least 24-hours prior to testing.** The instructions below are applicable to all students you refer to the ASC for testing. For a particular student, if instructions differ from your filed form, submit them in writing or e-mail them to the ASC Test Proctor at asctestproctor@swccd.edu. The ASC Test proctor office telephone is 482-6348.. **You must complete a new Test Instructions Form each semester**. Please print information clearly.

**This form is not used for DSS Test proctoring services. For DSS Proctoring Services please call ext. 5271.**

Should you need to contact the District Tutorial Coordinator, Elizabeth Kozel, you may do so at 421-6700, ext. 5373 or [ekozel@swccd.edu](file:///%5C%5CFileserver2%5Casc%5CLocal%20Settings%5CDocuments%20and%20Settings%5Cekozel%5CLocal%20Settings%5CTemporary%20Internet%20Files%5COLK4%5Cekozel%40swc.cc.ca.us). The Learning Assistance Coordinator, John Rieder, ext. 6579 or arempt@swccd.edu.

Walk-in exams must be completed during available proctoring days and times. Check with ASC front counter for availability. Proctoring hours are Monday—Thursday 10:00am to 3:00 p.m., Friday 8:00 a.m. to 12:00 p.m.

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| --- | --- | --- | --- |
| Instructor Name |  | Telephone |  |
| Course |  | SWC extension |  |
| Course |  | Email |  |

Student(s) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semester**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fall |  | Spring |  | Summer |  |

1. Please indicate any materials that may be used for the testing setting.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Books |  | Calculator |  | Formulas |  | Computer |  |
| Class Notes |  | Spell checker |  | Dictionary |  | No materials |  |

 Other

2. Amount of time allowed for student to complete the test : \_\_\_\_\_\_\_

3. Last date allowed for exam:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. I would like for the ASC office to **a**) return the test to my School mailbox

 **b**) keep the exam for me to pick up

4. Other special instructions

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Instructor Signature Date**

Submit this completed form and the corresponding test(s) to the ASC front counter. If you have questions, contact the ASC office, (619)482-6348.

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