



OFFICE OF TESTING SERVICES
Student Services and Success Center, Suite 240
404-756-4783 testing@atlm.edu

OFF CAMPUS PROCTORED EXAM REQUEST FORM

Notification must be given to the Office of Testing Services at least 10 business days in advance. Please complete this form electronically and submit via email to testing@atlm.edu.

STUDENT INFORMATION:

Name: _____ AMSC ID: _____

AMSC Email: _____ Phone #: _____

INSTRUCTOR INFORMATION:

Name: _____ Phone #: _____

AMSC Email: _____ Office/Room #: _____

Course Name & CRN #: _____ Semester: _____

PROCTOR INFORMATION:

Name: _____ Phone #: _____

Email: _____ Institution/Organization: _____

Test Site Physical Address: _____

Test Site Web URL: _____

Test Site Phone Number: _____

EXAM INFORMATION:

Exam type (e.g. Mid Term, Final Exam) _____

Time Limit: No Limit 1 hour 1 ½ hours 2 hours Other: _____

PERMITTED TESTING MATERIALS: Check all that apply.

Dictionary Thesaurus Scratch paper Textbook No Materials
 Calculator Type: _____ Note Sheet/Card Type: _____

ANSWER FORMAT: Check all that apply.

Answer Sheet Essay Booklet Scantron Online Exam

SPECIAL INSTRUCTIONS: _____

