



OFFICE OF TESTING SERVICES
Academic Building 500, Room 217
404-756-4783
testing@atlm.edu

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.

EXAM INFORMATION:

Instructor Name: _____ Date: _____

Course Name & CRN #: _____ Semester: _____

Exam type (e.g. Mid Term, Final Exam) _____ # of Students: _____

Requested Date(s) & Time(s):

Option 1: _____

Option 2: _____

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

PERMITTED TESTING MATERIALS: Check all that apply.

Dictionary Thesaurus Scratch paper Textbook

Standard Calculator Scientific Calculator Graphing Calculator

1-8½ x 11 Note Sheet 1-3x5 Notecard 1-5x7 Notecard No Materials

ANSWER FORMAT: Check all that apply.

Answer Sheet Essay Booklet Scantron Online Exam

ONLINE EXAM PASSWORD: _____

SPECIAL INSTRUCTIONS: _____

ATTENTION: The examination is not scheduled until you receive confirmation from the office. Please inform all students that they must provide a current, AMSC Trailblazer ID card or government issued identification, such as a driver's license, military ID or passport. Expired ID will not be accepted.