

**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 [ascstestproctor@swccd.edu](mailto:ascstestproctor@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 Learning Assistance Services Faculty Coordinator, Shawna Hutchins-Williams at 216-6662 or [shutchins@swccd.edu](mailto:shutchins@swccd.edu) or District Tutorial Coordinator, Elizabeth Kozel at 421-6700, ext. 5373 or [ekozel@swccd.edu](mailto:ekozel@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 10:00 a.m. to 2:00 p.m. and Fridays 10:00 a.m. to 2:00pm. Start times must allow test completion by 2:00 p.m.**

Instructor Name		Telephone	
Course		SWC ext.	
Course		Email	

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

**Semester**

Fall	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Summer	<input type="checkbox"/>
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1. Please indicate any materials that may be used for the testing setting.

Books	<input type="checkbox"/>	Calculator	<input type="checkbox"/>	Formulas	<input type="checkbox"/>	Computer	<input type="checkbox"/>
Class Notes	<input type="checkbox"/>	Spell checker	<input type="checkbox"/>	Dictionary	<input type="checkbox"/>	No materials	<input type="checkbox"/>

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

\_\_\_\_\_  
**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.**