OSD Test Request Form

**Instructor:** Please complete this part of the form and attach it to the copy of the student’s exam.

Instructor’s Name: _________________________________  Phone: _____________________

Student’s Name: __________________________________  Course: _____________________

**Campus** student will be testing at:  
[ ] Leesburg  [ ] South Lake  [ ] Sumter

**Test Format:**  
[ ] Computer-Based  [ ] Paper-Based

Last date/time this exam can be given:  _______________   Time limit: _______________

Other instructions: _________________________________

Materials student can use. Please be specific (e.g type of calculator student may use):

NONE   or    _______________________________________________________________________

**Test Return Policy:**

*Completed tests will be scanned and sent to the instructor via Canvas. The original copy of the test (if applicable) will be available for pickup at the Learning Center. All non-retrieved tests will be shredded at the end of the semester.*

Instructor’s Signature: _________________  Date: _________________

**Student (To be completed at testing session):**

You must abide by the LSSC honesty code: “I will neither give nor receive unauthorized aid on any academic work, nor will I utilize any resources not specifically approved by my instructor for this test. I will not represent the work or ideas of another as my own, nor will I discuss this test with anyone. Failure to abide by these guidelines may result in my not receiving credit, possible failure of the course, and can lead to additional conduct code violation sanctions.”

Student Signature: _________________________________  Date: _________________

**For OSD or Learning Center Use Only:**

Date Administered: ________________

Time taken:  Begin__________  End__________

Comments: _________________________________

Proctor Signature: _________________________________