



## FACULTY EXAM FORM AND INSTRUCTIONS

1. Print and complete the form below.
2. Return the form and forward exam materials to our office by sealed envelope at least 48 hours before the student is eligible to test. All testing materials are considered confidential and will be kept in a secured location until testing. If you would rather send exams via email attachment, please call 543-1170 for the appropriate email address.
3. Refer students to our office for scheduling and fee information. The Testing Center is open Monday – Friday 8am to 5pm and is closed from 12-1:00 for lunch. **STUDENT ID IS REQUIRED TO TEST.**

**Testing Center – 440 Schmitz Hall**  
**206-543-1170 [www.washington.edu/oea](http://www.washington.edu/oea)**

Student Name: \_\_\_\_\_ Exam/Course: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Department: \_\_\_\_\_

Instructor Phone #: \_\_\_\_\_ Instructor Email: \_\_\_\_\_

Length of Time allowed for exam: \_\_\_\_\_ Hr \_\_\_\_\_ Min Exam Deadline: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Allow Notes?       Yes       No      Comment: \_\_\_\_\_

Allow Books?       Yes       No      Comment: \_\_\_\_\_

Allow Calculator?       Yes       No      Comment: \_\_\_\_\_

Other (please explain) \_\_\_\_\_

Please select ONE:

I will pick up exam (ID required for pick-up)

My TA will pick up exam (ID required for pick-up)      - TA's Name: \_\_\_\_\_

Send me the exam through campus mail      - Campus Box #: \_\_\_\_\_

### OFFICE USE ONLY

Date Received		Test Date		Return Date	
Staff Initials		Staff Initials		Staff Initials	