Course Make-Up/Special Accommodations TEST REQUEST FORM

Completed test request forms can be emailed to testing@bucks.edu.

Student Name: _____

Instructor: _____

Course/Section: _____

Exam/Test #: _____

Campus Phone #: _____
Off Campus #:_____

Date Range to Make Test Available: (mm/dd/yr)

First Available Date: _____

Last Available Date: _____
Return Test Materials:
_____Hold completed tests for pick-up at Newtown
_____Send completed tests via interoffice mail
    (available, but not recommended)

For Computer-Based Test Delivery	For Paper and Pencil Test Delivery

For Computer-Based Test Delivery

Clearly notate upper and lower case letters and any spaces:

Test Platform:

Test Password:

Password Format:

Respondus Lockdown Browser Used?

Time Limit: _____

Testing Information:

_____ Use Blue Book   _____ Calculator OK

_____ Scrap Paper OK   _____ Other Materials

Additional Instructions:

For Paper and Pencil Test Delivery

Provide all hard copies of test needed for delivery

Total Number of Copies Provided_____

Main Campus in **Newtown**:   _____

Time Limit: _____

Testing Information:

_____ Use OpScan Sheet   _____ Answer Sheet Provided

_____ Use Blue Book   _____ Calculator OK

_____ Scrap Paper OK   _____ Other Materials

Additional Instructions:

11/10/2022