

# Onsite Class Exam Administration Request

**Faculty Name:** \_\_\_\_\_ **Faculty Email:** \_\_\_\_\_@odu.edu

**Class:** \_\_\_\_\_ / \_\_\_\_\_ **Total Students:** \_\_\_\_\_  
Prefix/Number

**Names of students taking exam** (if not full class)

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Length of Exam:** \_\_\_\_\_ (i.e. 90 Minutes)

**Exam Date:** \_\_\_/\_\_\_/\_\_\_

**Exam Type:** \_\_\_ Paper Exam      \_\_\_ Scantron

**What is Testing Coordinator to do with completed exams?**

- \_\_\_\_\_ Hold For Faculty pick-up
- \_\_\_\_\_ Send to faculty member by campus mail
- \_\_\_\_\_ Place in faculty mailbox in 146A
- \_\_\_\_\_ Fax to faculty member \_\_\_\_\_ Fax number

**Special Instructions:**

*(For Testing Services use only)*

**Date of drop off** \_\_\_/\_\_\_/\_\_\_      **Date of Pickup** \_\_\_/\_\_\_/\_\_\_

**Staff member initials** \_\_\_\_\_      **Staff member initials** \_\_\_\_\_