Bay State College ~ Center for Learning and Academic Success

Testing Services Form

Date: ______________

Professor Name: ____________________________________________

Course: _______________________________________________________

Professor Email: ______________________________________________

Test Title: _____________________________________________________

Student Name: ________________________________________________

**Testing Materials: The student may use...**

<table>
<thead>
<tr>
<th>Notes:</th>
<th>Scrap paper:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculator:</td>
<td>Note Book Paper:</td>
</tr>
<tr>
<td>Books:</td>
<td>Blue Book:</td>
</tr>
<tr>
<td>Index Card:</td>
<td>Pencil Only:</td>
</tr>
<tr>
<td>Laptop:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

**Special Testing Accommodations:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Testing Time Limit: ____________________________
CLAS Testing Regulations:

- All exams must be submitted by the professor, in hard copy, to CLAS with this form attached.
- All submitted exams that have not been completed and/or do not have a scheduled appointment within four weeks, will be discarded. After four weeks, the professor must submit the exam again.
- It is the responsibility of the student to make a testing appointment with CLAS by walk in, phone or email.
- NO use of cell phone is permitted in the testing rooms.
- Student belongings are not permitted in the testing rooms and will be secured until the exam is complete.
- Professors must pick up exams within a week after completion. An email reminder will be sent.

Date

____________________
Tutor/ Test administrator signature

____________________________________
Student signature

____________________________________
Testing Start Time: Testing End Time: