



Oxnard College Library Learning Resource Center

Request for Test Proctoring Form

"Helping Students To Be Better Students"

Faculty Name:				Date:	
Course Name:					
Contact E-mail:				Phone/Ext.	
<i>The Oxnard College Library Learning Resource Center strives to provide comprehensive student academic support services.</i>					
Student Name:		Start Time:	End:	<i>Staff Initials</i>	<i>Staff Initials</i>
Student Name:		Start Time:	End:		
Student Name:		Start Time:	End:		
Student Name:		Start Time:	End:		
Materials Allowed:	<input type="checkbox"/> Calculator <input type="checkbox"/> Text Book <input type="checkbox"/> Note Card <input type="checkbox"/> Notes <input type="checkbox"/> None <input type="checkbox"/> Other:			Testing Time Allotted:	
Special Instruction:					
Faculty Signature:				Date:	
TO BE COMPLETED BY LLRC STAFF ONLY					
Staff Signature:				Date:	
List Any Issues:				Date:	

→ Faculty Picked up Test (Signature & Date): _____