Goodwin University

TCA V.2025

Test Center Administration Instructions

Instructors are required to submit the exam in accessible PDF format via email to the Testing Center at TestingCenter@goodwin.edu.

INSTRUCTOR SECTION *MUST BE COMPLETED IN FULL*

Instructor's first name: _____ Instructor's last name: _____ Date: _____

Goodwin email: _____ Course: _____

Phone (if online test): _____ Date by which test must be taken: _____

NOTE: Instructor will be notified if the test is not taken by two weeks after above date. Tests will be returned to instructor or shredded.

Student's first name: _____ Student's last name: _____

Student ID number: _____ Test time required: _____

TEST TYPE *PLEASE CHECK ALL THAT APPLY*

☐ Make-up ☐ ATI ☐ CBE ☐ Other _____

Paper or computer based exam? ☐ Paper ☐ Computer

If computer based exam, what is the password?

WHAT IS THE STUDENT ALLOWED TO USE?

☐ Nothing
☐ Notes
☐ Textbook
☐ Calculator
☐ Formulas/Tables
must be provided by instructor
☐ Custom answer sheet
☐ Scantron
must be provided by instructor
☐ Computer
☐ Scrap paper
☐ Other _____

ACCOMMODATION(S)

Have test accommodations been requested? ☐ No ☐ Yes (If yes, complete below:)

EXTENDED TIME

☐ Extended time has been added to qualifying exams

Time given to class _____ + Extended time _____ = Total time allowed _____

Time and date student and instructor have agreed to _____

☐ Reduced distractions
☐ Large Print
☐ Scribe
☐ Calculator
☐ Reader
☐ Computer access
☐ Occasional breaks during exams

Student first name _____ Student last name _____

ACADEMIC INTEGRITY POLICY

Goodwin University expects absolute integrity from every student in all academic undertakings. Students are expected to be honest with respect to the intellectual efforts of themselves and their peers. Submission of work for academic credit must be the student's own work. All outside assistance must be acknowledged and documented in the required format.

I have read and agree to abide by all testing policies (please sign) _____

I have surrendered my cell phone and all other electronic devices, to the proctor prior to beginning my exam

Student signature _____ Proctor signature _____

All accommodations were provided and implemented correctly and adequately. (Please check and sign.)

☐ Agree

☐ Disagree

Explain _____

PROCTOR SECTION

Notes _____

Date _____ Time limit _____ Hrs _____ Mins _____

Proctor _____ Start time _____ End time _____

Exam release date _____ Released to _____

Instructor's signature (typed signature is acceptable) _____