Nicholls State University  
Distance Learning Test Administration  
Procedure Form  
Please return the completed form to the Instructor

Students taking examinations via distance learning are required to make arrangements with an authorized testing institution. These accommodations are to be communicated to the instructor of the distance learning course.

Please note the following.

1. The testing center / test administrator shall have computer e-mail access for the student during the examination period in the event of online communication by the instructor.
2. The testing center shall have telephone** access for the student during the examination period in the event of oral communication by the instructor. Some instructors wish to speak with the student and the test administrator at the commencement of the testing period.
3. The student shall present photo identification before gaining access to the examination.
4. At the end of the testing period, the test shall be signed by both the student and the test administrator, and the test administrator will either fax the test to the instructor (fax number is given below) or scan and email the test to the instructor. Upon receipt from the instructor, the test administrator should either mail the original test back to the instructor or destroy it.
5. At the discretion of the test administrator, unusual disruptions of the testing period shall be documented and communicated to the instructor.

To be completed by the Instructor:

Name of Student: ________  Name of Instructor: ________
Course: ________  E-mail of Instructor: ________
Fax Number: ________  Telephone Number of Instructor: ________
Address:________
________
Length of Exam: ________

To be completed by the Test Administrator:

Date of Exam: ________  Time of Exam: ________  ☐ Eastern  ☐ Central
☐ Mountain  ☐ Pacific
Institution Administering Test: ________
Institution Website: ________
Test Administrator: ________
Department: ________
Position/Title: ________ (This will be verified)
E-mail Address: ________ (Must be available during exam)
Telephone Number: ________
**Exam Phone (if different from above): ________

This form must be completed prior to the test date.