EXAM REQUEST FORM

WWU TESTING CENTER:

If you are in the Bellingham area, you may take your examination at the Testing Center, AC 120, 333 32nd Street, Bellingham, WA. The Testing Center is open from 8:00 a.m. to 5:00 pm. Monday through Friday. Please keep in mind the average testing time is two hours, although some exams may be either shorter or longer. **AN APPOINTMENT IS NECESSARY IN ALL CASES**. Call (360) 650-3080 for appointments. This form is **not** required for Testing Center appointments.

Please bring picture identification with you to the Testing Center. Do not mail in this form if you are taking your exam at the Testing Center.

PROCTORED EXAMS:

If you live outside the Bellingham area, or if it is not convenient to come to the Testing Center, you may arrange to take the examination in a proctored setting. The proctor must be working in *an official capacity at their place of business* as: a professional staff member of a testing center at a regionally accredited public or private college or university in the United States; or a U.S. Armed Forces Educational Services Officer. Relatives, no matter what their position, may not serve as proctors. You will be required to show photo identification to your proctor before being admitted to the exam. If you have questions concerning a supervisor for your examination, please contact the Western Online Office at (360) 650-3650.

SEND THIS FORM TO THE WESTERN ONLINE OFFICE AT LEAST 10 DAYS BEFORE YOU WOULD LIKE TO TAKE THE EXAM. DO NOT INCLUDE THIS NOTICE BEHIND A REGULAR ASSIGNMENT AS IT MAY BE OVERLOOKED. YOU MUST HAVE PERMISSION FROM WESTERN ONLINE TO HAVE EXAMS SENT IN AN ALTERNATE FORMAT.

GRADED EXAMINATIONS ARE NOT RETURNED TO THE STUDENT but are filed for three months at the Western Online office. You will receive your grade and instructor comments by return mail.

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STUDENT'S NAME STU				NT'S WESTERN ID #	
STUDENT'S PHO	NE		STUDENT'S E-	MAIL	
STUDENT'S ADDI	RESS				
Do you have a dead					
COURSE	SYI	LABUS #	(this number can	be found on the cover page of	your syllabus)
EXAMINATION N	NEEDED (first, secon	nd, etc.)			
EXAM SUPERVIS	OR'S NAME				
POSITION/TITLE					
SCHOOL/BUSINE	SS				
ADDRESS _					
_	City		e	Zip	
PROCTOR'S AREA	A CODE & PHONE	#			
PROCTOR'S E-MA	AIL				
Mail to: Western O	nline MS 9102				

Mail to: Western Online MS 9102 Western Washington University 516 High Street Bellingham, WA 98225-5996

Student Terms and Conditions

- I certify that my proctor is not a family member, a friend or co-worker and I do not have a personal relationship with my chosen proctor.
- I understand that my proctor will be verified by testing staff. The Proctor's place of business and all contact information is verifiable on the business's website.
- I understand that proctored exams must be taken at the Proctor's place of business and that exams may not be taken in a personal home of unofficial setting.
- I understand that I should expect a 7 full business day turnaround from the time I submit the proctor form to the time the Proctor receives test materials.
- I understand if I need my exam sent in an alternate format, i.e., via email attachment, that I must petition the Western Online office and be granted permission.
- I understand that I am responsible for any fees incurred by the Proctor's place of business.
- I will abide by the Proctor's or Testing Center's policies and procedures and conduct myself in an ethical manner. I will not cheat on any exam and I will bring the proper ID to authenticate that I am the person taking the exam.

Student Signature	Date	