

Faculty Permission Form

Dear Professor _____,

Thank you for allowing _____, a member of the _____ team to take your examination in _____ while representing Purdue University in an athletics competition. In order to maintain the integrity of your examination, please provide directions you would like us to follow in administering the exam.

The exam can be picked up from the professor (or designee) **OR** delivered to Athletics Academic Services (IAF 2nd floor). **Please fill in information for either 1 or 2.**

1. Sport coach pick up exam
 Athletics Academic Support Services staff member pick up exam
 Other/who? _____ (Bldg/Rm)
When: _____ (Date/Time)

2. Delivered to Athletics Academic Support Services
When: _____ (Date/Time)

Date by which exam must be completed: _____ Duration of exam: _____

- Test Administrator can be:
- Head Coach
 - Athletics Academic Support Services staff member
 - Proctor from institution where competition is located
 - Any of the above

- Materials allowed with examination
- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Open book | <input type="checkbox"/> Group project |
| <input type="checkbox"/> Notes | <input type="checkbox"/> Formulas | <input type="checkbox"/> Scratch Paper |
| <input type="checkbox"/> Crib sheet | <input type="checkbox"/> Other, please specify _____ | |
- (size or type)

- Student-athlete must turn in :
- Answer sheet
 - Test copy
 - Scratch paper
 - Other, please specify _____

- Manner in which we are to return examination to you:
- Fax to: _____
 - US Mail to: _____
 - Fed Ex to: _____
 - Campus Mail to: _____
 - Hand deliver to: _____
 - Other, please specify: _____

Faculty (signature)	Date
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Test Administrator/Student- Athlete Test Verification Form

I swear that the examination for _____ was administered in the manner outlined by _____.

Test Administrator (signature)

Date

Date Taken:

Time Begun:

Time Completed:

Materials allowed with examination

- | | | |
|---|--|--|
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Open book | <input type="checkbox"/> Group project |
| <input type="checkbox"/> Notes | <input type="checkbox"/> Formulas | <input type="checkbox"/> Scratch Paper |
| <input type="checkbox"/> Crib sheet
(size or type) | <input type="checkbox"/> Other, please specify _____ | |

Test Administrator name and Title

Date

Student-Athlete (signature)

Date