**LSU Testing Center Examination Dates Request Form**

Please complete this form and send to otes-testing@lsu.edu. This will assist OTES in gauging seating and exam capacity. OTES must receive this form before the exam request is created through SmarterProctoring in Moodle.

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| **Instructor Name:** |  | **Email:** |  |
| **Office Phone:**  |  | **Cell Phone:** |  |
| **Course (section):**  |  | **Number of Students:** |  |

*Please include department abbreviation, course, and section number****.***

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| **Exam Name** | **Max Allowed****Time \*\*** | **Start Date/time** | **End Date/time** | **[OTES Use Only]** |
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*\*\*Max Allowed Time is two hours.*