



EXAMITY Faculty Request Form

Please fill in this form in its entirety then click the red "SUBMIT" button at the top of this page.

	Faculty Full Name				
	School/Department				
	UTD Email Address				
	UTD Office Phone Number				
	Cell Phone Number				
EXAM INFORMATION					
	·	es the Respondus Lockdown Browser, you will need to create dus Lockdown Browser is NOT compatible with EXAMITY.			
	Semester:	Year:			
	I request the followin Course Prefix/ID & Section:	g exam(s) to be imported into EXAMITY:			
	eLEARNING COURSE ID: Located on eLearning under "Courses" (e.g. 2188-UTDAL-ACCT-3350-SEC001-85964)				
	Located on eLearning under "Courses"	Number:			
	Located on eLearning under "Courses" (e.g. 2188-UTDAL-ACCT-3350-SEC001-85964)	Number:			
	Located on eLearning under "Courses" (e.g. 2188-UTDAL-ACCT-3350-SEC001-85964) Exam Name:	Number: Exam End Date:			
	Located on eLearning under "Courses" (e.g. 2188-UTDAL-ACCT-3350-SEC001-85964) Exam Name: Exam Type:				

If yes, please provide the name of that instructional designer:

ADDITIONAL EXAM INFORMATION

(FOR THE SAME COURSE LISTED ABOVE)

Exam Name:		Number:
Exam Type:		
Exam Start Date:	Exam End Date:	
Materials Allowed For Exam:		
Exam Name: Exam Type:		Number:
Exam Start Date:	Exam End Date:	
Materials Allowed For Exam:		
Exam Name:		Number:
Exam Type:		
Exam Start Date:	Exam End Date:	
Materials Allowed For Exam:		

Once we have received this form a representative from EXAMITY will contact you directly, within 2-3 business days, to set up your exam.

Contact Information:

Phone: (972-883-6734) Web: ets.utdallas.edu/testing-center