



OUT-OF-CLASS EXAM/TEST INSTRUCTION FORM

This form must be received by the Testing Center at least 48 hours before a test can be scheduled.
 A completed copy of this form must accompany each test or group of tests sent to the Testing Center.

Instructor:		Phone:	Date:
Course #:	Exam/Test #:	Type of Class:	
Website:		Password:	
Number of students:	Email:		

Student Name	Student Name

Mark answers on: Scantron Exam/Test Answer sheet

****Books, notes or other aides will not be allowed unless specified by the instructor.****

STUDENTS CAN USE:

Calculator: <input type="checkbox"/>	Specify type:
Notes: <input type="checkbox"/>	Return notes used for test?
Open book: <input type="checkbox"/>	Specify which book:
Graph/table: <input type="checkbox"/>	Specify type:
Scratch paper: <input type="checkbox"/>	Return paper with text?
Other: <input type="checkbox"/>	Specify:

Time allowed for in-class testing: _____

NOTE: Unlimited time is not acceptable.

Deadline date: _____ Finish by time of day (optional): _____

NOTE: No exam/test will be given after date/time indicated.

When exam/test is complete: **HOLD** for instructor pickup **RETURN** to division secretary

NOTE: The Testing Center cannot accept class assignments or homework to/from the student or instructor.

FOR TESTING CENTER USE ONLY

Date exam/test received: _____ Received By: _____

Date taken: _____ Time Started: _____ Time Finished: _____

Instructor sign when pick up/or returned: _____

Instructor advised to shred test: _____

Test deadline expired/returned to instructor: _____