

Spring / Summer / Fall (Circle One)

Roster/List attached (REQUIRED if testing more than 3 students):  OR Student Name \_\_\_\_\_  
The Testing Center DOES NOT conduct whole class testing for lecture/on campus classes

## INSTRUCTOR'S GUIDELINES FOR EXAMS

Course Title: \_\_\_\_\_ Exam Title: \_\_\_\_\_

Course Section # \_\_\_\_\_ Instructor: \_\_\_\_\_

(Instructor Name MUST ALSO be included on all tests)

Must provide Daytime Phone: \_\_\_\_\_

Exam type:             Makeup Test/Work             Internet             Special Accommodation             Incomplete Grade

Exam may be given:            Starting Date: \_\_\_\_\_            Ending Date: \_\_\_\_\_

Is This a Timed Exam?    NO    YES            If yes, time allowed: \_\_\_\_\_

	YES	NO		YES	NO
Open Book	Y	N	Dictionary	Y	N
			Chart	Y	N
			Notes	Y	N
Calculator	Y	N	Index Card(s)	Y	N
• Simple	Y	N	• Front <i>and</i> Back	Y	N
• Graphing	Y	N	• How many? _____		
• Scientific	Y	N	• Specify Size _____		

Scantron provided by instructor?            YES    NO            Student may write on test?            YES    NO

Special Instructions: \_\_\_\_\_

Drop-off Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_ Testing Staff Initials: \_\_\_\_\_

Pick-up Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_ Testing Staff Initials: \_\_\_\_\_