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Received By:

**A completed copy of this form must accompany each test or group of tests sent to the Test Center.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INSTRUCTOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **PHONE #:** \_\_\_\_\_\_\_\_\_\_ | | **DATE:** \_\_\_\_\_\_\_\_\_\_ |
| **COURSE #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **TEST #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **ONLINE MAKE-UP TESTS** | **WEBSITE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **PASSWORD:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |
| --- | --- |
| **NAME OF STUDENT** | Did you receive notice of testing accommodations from **Disability Support Services** for this student**?** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES  NO |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES  NO |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES  NO |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES  NO |

**MARK ANSWERS ON**:  **Scantron**  **Test Booklet**  **Plain/Lined Paper**  **Bluebook**  **Other**

**\*\*Notes, Books, or other aids will not be allowed unless specified by instructor.\*\***

**STUDENTS CAN USE:**

|  |  |  |
| --- | --- | --- |
| Calculator | Specify type:  Basic  Scientific  Graphing  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| *Calculators with internet access are not permitted.* | |
| Notes | | Return notes used for Test?  YES  NO |
| Open Book | | Specify which Book: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Graphs or Tables | | Specify Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Scratch Paper / Graph Paper | | Return Scratch Paper with Test?  YES  NO |
| Other | | Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**TIME LIMIT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(If no limit is set by the Instructor, student will be allowed 75 min.)**

**NOTE: Instructor should indicate in-class testing time.** **UNLIMITED TEST TIME IS NOT ACCEPTABLE.**

The Testing Center will make the time adjustments as required for students with disabilities.

(optional)

**DEADLINE DATE:** \_\_\_\_\_\_\_\_\_\_\_\_ / **FINISH BY:** \_\_\_\_\_\_\_\_\_\_ \***No test will be given after date/time indicated.**

\*If no deadline date is indicated, we will return tests one week from the date it was received.

------------------------------------------------------**When Tests are Complete** --------------------------------------------------------

**HOLD** for Instructor Pickup  **RETURN** to Instructor – Mail Station # \_\_\_\_\_\_\_\_\_\_\_

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

**For Test Center Use Only**

Date Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Finished: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Test Deadline Expired/Returned to Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_