

Office of Testing and Assessment

Receiving Tests from Faculty

When test(s) are received from faculty please complete this form.

Date Received: _____ Received By: _____

Instructor: _____ Department: _____

Phone/Extension: _____ Deadline: _____

Returning Completed Tests: Instructor to Pick Up Inter Office Mail

Course/No: _____ Test #: _____

Student's Name:

Specific Instructions:

Time Limit: _____

May use calculator _____ Yes _____ No

May use textbook _____ Yes _____ No

Allow scratch paper _____ Yes _____ No

May use notes _____ Yes _____ No

May use dictionary _____ Yes _____ No

Attach scratch paper _____ Yes _____ No

Additional Instructions:
