



Information Form - Testing Services

Semester: _____

Course: _____ Test/Quiz/Exam Name (i.e. Exam One): _____

Professor's Name: _____

Office Address: _____

Phone: _____ Email: _____

Student(s) must complete test by: _____

-
- Please have the testing center return tests to the professor
 - The professor will pick up tests in the testing center
-

Accommodations

Time normally allowed for in-class exam/test/quiz _____ hr _____ min

Special Instructions

During the exam, students may:

- NOT use any notes or books
- USE books but no notes
- USE notes but no book
- USE both notes and book
- USE an approved calculator (Circle one: TI83 / TI84 / TI86 / Other: _____)

- Other: _____

Professor's Signature

Testing Services has informed me of the materials allowed/not allowed and verified that my cell phone is off or not in my possession

Students Initials: _____ Date: _____