

TEST INSTRUCTION SHEET

INSTRUCTOR INFORMATION:

Instructor's Name: _____

Instructor's Contact Information:

Email: _____ Phone: _____

School/Institution: _____

Course: _____

STUDENT INFORMATION:

Student's Name: _____

Student's Contact Information:

Email: _____ Phone: _____

TEST INFORMATION:

Test Start Date: _____ Test End Date: _____ Time Allotment: _____

ITEMS THAT MAY BE USED WITH THE EXAM:

<input type="checkbox"/> No Material Allowed	<input type="checkbox"/> Dictionary
<input type="checkbox"/> Textbook	<input type="checkbox"/> Tables/Charts
<input type="checkbox"/> Class Handouts	<input type="checkbox"/> Scrap Paper
<input type="checkbox"/> Handwritten Notes Only	<input type="checkbox"/> Formula Sheet (8 ½ x 11)
<input type="checkbox"/> Open Notes, No Photocopies of the Book	<input type="checkbox"/> Index Card (4 x 6)
<input type="checkbox"/> Basic/Scientific Calculator	<input type="checkbox"/> Index Card (3 x 5)
<input type="checkbox"/> Graphing Calculator	<input type="checkbox"/> Other - _____

ANSWER FORMAT: (Supplies and Scantron must be provided by instructor)

Write on exam

Blue Book

Answer sheet/Scantron

Other _____

TEST DELIVERY:

Email (provide email address): _____

Mail (Envelopes must be provided by institution or student)

TESTING STAFF ONLY

Time in: _____ Time out: _____

Date Test Arrived: _____ TC Staff Signature: _____

Date Test Returned: _____ TC Staff Signature: _____