

# 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:

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