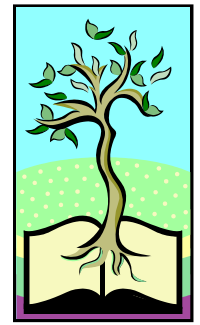


Test Administration at the Learning Center
Learning Center 271-7725



Student's Name: _____

Professor's Name _____ Course: _____

Scheduled test date: _____ Time Allowed: up to 1 ½ x class test time = _____
(e.g. 50 min. x 1 ½ = 75 Min.)

Purpose for testing in the LC:

_____ Disabilities Services _____ Make-up _____ Other

* * * * *

NOTE: If a proctor or reader is requested, the student is responsible for making prior arrangements.

Test will be *closed book* and *closed notes* unless specified below:

Materials Student May Use: **Check all that apply.**

_____ Calculator _____ Text book
_____ Formula Sheet _____ Class notes & handouts
_____ Spellchecker or Dictionary *Specify type* _____
_____ Other, please specify _____

Method of Return to Professor: **Please check one.**

_____ Professor will pick up by: _____
_____ LC Staff will deliver test to faculty mailbox. _____ (building)
_____ Special arrangements (specify)

* * * * *

Date Taken: _____ Time In: _____ Time Out: _____

Date & time delivered: _____ LC Initials: _____