

FACULTY INSTRUCTIONS TO TEST LAB

(attach to quiz/test to be given in test lab)

STUDENT NAME(S) _____

**** As long as instructions are the same for all students,
multiple students may be listed above****

COURSE NAME & NUMBER _____

PROFESSOR _____

TESTING DATE & TIME: Please choose ONE:

_____ Same time as class (date & time) _____

_____ Make-up on or by (date & time) _____

_____ Whenever by (date & time) _____

BEST WAYS TO CONTACT YOU WHILE STUDENT IS TESTING

Phone # _____ Room # _____ e-mail _____

**** Phone and e-mail kept confidential; only for test lab use in case
student has a question/problem while testing with us :****

STUDENT AIDS:

NOTES (detail) _____

BOOKS (detail) _____

CALCULATOR

**** circle any allowed ****

student's test lab's basic scientific

DICTIONARY

**** circle any allowed ****

student's test lab's electronic paper

LANGUAGE TRANSLATOR

****circle any allowed****

test lab's electronic student's electronic test lab's paper

NOTHING WILL BE ALLOWED UNLESS INDICATED !

ADDITIONAL INSTRUCTIONS: _____

TEST DELIVERY: _____ DELIVER _____ WILL PICK UP

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