

**THIS FORM MUST BE ATTACHED TO EACH TEST SENT TO THE ASSESSMENT CENTER**

INSTRUCTOR \_\_\_\_\_ COURSE \_\_\_\_\_  
PHONE \_\_\_\_\_  
STUDENT TO BE TESTED \_\_\_\_\_

TESTING INFORMATION:

1. TEST TO BE TAKEN. BE SPECIFIC (E.G. CHAPTER 1 TEST)

\_\_\_\_\_

2. TIME ALLOTTED FOR THE TEST \_\_\_\_\_

3. TEST COMPLETED BY (if applicable) \_\_\_\_\_

**4. TESTING MATERIALS THE STUDENT MAY USE WHILE TESTING**

\_\_\_\_\_ CALCULATOR \_\_\_\_\_ NOTES \_\_\_\_\_ DICTIONARY  
\_\_\_\_\_ INTERNET \_\_\_\_\_ TEXT \_\_\_\_\_ SPELLER  
\_\_\_\_\_ WORD  
\_\_\_\_\_ PROCESSOR \_\_\_\_\_ STRAIGHT EDGE

Blackboard: \_\_\_\_\_ Note from Tutoring Center \_\_\_\_\_

Password(case sensitive): \_\_\_\_\_

\_\_\_\_\_ The Assessment Center has permission to have BB exam reset if instructor is unavailable

Other Notes: \_\_\_\_\_

5. RETURN THE TEST: \_\_\_\_\_ CAMPUS MAIL \_\_\_\_\_ INSTRUCTOR PICK UP

<b>OFFICE</b>	
<b>USE</b>	
RECEIVED	_____
TEST	
STARTED	_____
END	
TIME	_____