

# Directions for Test Administration

Date Submitted:

Instructor's Name		CWID #		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Contact Phone #			Office Extension #		
Who is authorized to pick up exam?					
<input type="checkbox"/> Self <input type="checkbox"/> _____ (name of other authorized person, if applicable)					
Course and Section			Exam Name/Title		
Start Date for Test		End Date and Time		Allotted Minutes	
<b>Student Completes Exam on:</b>					
<input type="checkbox"/> Paper Test <input type="checkbox"/> Scantron <input type="checkbox"/> Blue Book		<input type="checkbox"/> Mini-Essay Book <input type="checkbox"/> Microsoft Word			
<input type="checkbox"/> Computer Based Test _____ Name of Program used <span style="margin-left: 150px;">Password (if applicable)</span>					
<b>Materials Permitted:</b>					
<input type="checkbox"/> No materials are allowed <input type="checkbox"/> Calculator ___ Clear In ___ Clear out <input type="checkbox"/> Scratch Paper ___ Attach ___ Discard		<input type="checkbox"/> Bilingual (provided by student) <input type="checkbox"/> Thesaurus (provide by student) <input type="checkbox"/> Dictionary (provided by student)			
Notes Allowed: <input type="checkbox"/> Handwritten <input type="checkbox"/> Typed <input type="checkbox"/> Page Size: ___ 8.5x11 ___ 3x5 ___ 4x6		<input type="checkbox"/> Number of Pages _____ <input type="checkbox"/> Front only ___ Front/Back ___ <input type="checkbox"/> Attach Notes <input type="checkbox"/> Discard Notes			
<b>I agree to each of the items below:</b>					
<input type="checkbox"/> Students must make appointments at least one day in advance, no same-day appointments are available <input type="checkbox"/> Textbooks and notebooks are NOT allowed <input type="checkbox"/> I will pick up the completed paper exam/s in person from the testing center					
<b>Only Administer Test to Students Listed Below (5 students max. per section)</b>					
Student's Name	ACCESS	CWID #	Initial/Pick-up		
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Additional Instruction:					
For Test Center Use Only:					
Date:	# Copies:	Who processed exam?			