

FACULTY INSTRUCTIONS TO TEST LAB

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

NB-If there is a change, or impromptu instruction given in the classroom during test time, please notify the 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

Cell 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 ___ Test Lab shred (if not taken)

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