



Testing Center Checklist

INSTRUCTOR:	_____
INSTRUCTOR PHONE & EXT:	_____
INSTRUCTOR CELL:	_____ (only used by proctor)
INSTRUCTOR EMAIL:	_____

Which Internet Browser Do You Prefer: _____

COURSE NAME:	_____	BEGINNING DATE FOR TEST:
TEST NAME/NUMBER:	_____	
PASSWORD:	_____	
NUMBER OF PAGES:	_____	ENDING DATE FOR TEST:
NUMBER OF PROBLEMS/QUESTIONS	_____	
TIME LIMIT:	_____	
COPY CODE:	HOW MANY COPIES NEEDED: _____	

TEST ADMINISTRATION

Check all that apply

CHECK PICTURE ID

NO BOOKS

OPEN BOOK

NO NOTES

NOTES ALLOWED

OF PAGES ALLOWED _____

CALCULATOR ALLOWED

CALCULATOR NOT ALLOWED

ATTACH SCRATCH PAPER TO TEST

DO NOT ATTACH SCRATCH PAPER

BLUE/BLACK INK

ANY COLOR INK

PENCIL

TYPED

NO PREFERENCE

Notes:

SPECIAL INSTRUCTIONS

AT THE END OF SEMESTER:	_____ SHRED _____	KEEP FOR NEXT SEMESTER _____	RETURN _____
Notes:			