CSUSB Undergraduate Studies: Learning Center

TEST ADMINISTRATION INSTRUCTIONS

For reasons related to security and confidentiality, all tests must be picked-up. We do not return tests by mail, nor do we prefer to receive them by mail. (Thank you for your cooperation!)

PLEASE PRINT ALL INFORMATION

Student: _____ Student ID #:_____
last name **first**

Professor: _____ Dept. mailbox location: _____ Ext. #_____
last name **first**

Course Dept.: _____ Class Number: _____

Time limit: ____ hours + ____ minutes

Date by which test must be taken: _____

NOTE: Tests not taken by the end of the quarter will be returned to the professor.

Please check one: ☐ make-up exam ☐ challenge exam ☐ self-paced (exam number _____)

Indicate all items that the student is allowed to use during testing:

☐ nothing	☐ notes	☐ scratch paper
☐ scantron (student must provide)	☐ book	☐ dictionary
☐ blue book (student must provide)	☐ calculator	☐ other (specify): _____

Special instructions: _____

I have read and agree to abide by all testing policies: _____
student signature (at time of testing)

OFFICE USE ONLY

Time limit: ___ hrs. + _____ mins.

time began: _____

time to end: _____

date: _____

proctor: _____

time returned: _____

Proctor notes (optional): _____

_____