

ACADEMIC SUPPORT CENTER
Testing Protocol

Professor _____ Student _____

Course Number and Name _____

Test must be completed by _____
(date & time)

Time limit for this test (i.e. 50 minutes) _____

Instructions:

_____ No notes, no book, no study aids of any kind

_____ Study aids limited to _____
(please specify)

_____ Will need other aids _____
(please specify)

_____ Open notes and/or open book

_____ May use calculator

_____ Will need computer software to complete this test

_____ Other _____
(please specify)

Format:

_____ Record answers on the test itself

_____ Use Scantron® to record all answers

_____ Use Scantron® for multiple choice and/or true-false only; record other answers
(i.e. short answer essay) on the test itself.

_____ Use Scantron® for multiple choice and/or true-false only; record other answers
(i.e. short answer essay) on a separate sheet of paper

_____ Other _____

Return:

_____ Have the completed test hand-delivered to my campus mailbox.

_____ I will stop by and pick up the test after it is done.

_____ Send the test back to me (hand-carried by the student) in a sealed envelope with a
signature across the seal.