

Learning Services Testing Form

Instructor's Name: _____ Date: _____

Dept. _____ Exam #: _____

Choose one if you wish to be notified after tests are completed:

Scan & email: _____ Call: _____

Number of Exams provided: _____ NCCER test? _____

Test must be completed by (Date): _____

Time: ___ 30 mins ___ 60 mins ___ 75 mins ___ 90 mins
 ___ 2 hrs. ___ over 2 hrs. [specify] _____

Materials Allowed? - Please check all that apply

Notes: ___ pages		Note Cards _____	
Text Book		Calculator	
Scantron		Periodic Table	
Computer		Formula Sheets	

Other information: _____

To be completed by instructor	To be completed by LS staff	
Student Name	Date Tested	LS Staff Initials
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Online Test Password (if applicable): _____