COURSE: ___________________ INSTRUCTOR: ___________________ PHONE: _______________

Instructor’s cell phone: ___________________ Time: _______ to _______

Scheduled Class Test Date: ________________ Time: _______ to _______

Approved Alternate Test date: ________________ Time: _______ to _______

STUDENT(S) NAME(S):

________________________________________

________________________________________

________________________________________

________________________________________

☐ A check in this box indicates that ONLY STUDENTS LISTED are permitted to take the test in the TAC. All others will be instructed to contact faculty.

Student(s) have permission to use the following aids. If none checked, none will be permitted.

☐ open notes ☐ graphing calculator ☐ dictionary ☐ Scantron
☐ open book(s ) ☐ standard calculator ☐ blue book ☐ NO AIDS Permitted
☐ Other ________________________________

Additional Instructions:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Student acknowledgement: “By signing this form, I acknowledge that I have read the above instructions and I agree to adhere to the University of Delaware’s Code of Conduct.”

______________________________________________________________________________

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______________________________________________________________________________

______________________________________________________________________________

Note: * No possessions or electronic devices are permitted in the testing area. * Student is responsible for following faculty’s instructions. *All materials, including scrap paper must be returned to the Proctor.

Completed tests will be returned to the academic dept. unless clearly noted that faculty will pick-up tests.

To Be Completed Upon Test Delivery:

DEPT ___________________ SIGNATURE ___________________ DATE ________________

PRINT NAME: _____________________________________________

Revised 6/30/2016