Faculty must complete this form and return 1 business day prior to exam to the Testing Center mailbox in Room 137 or via email at Glenda.Neff@uc.edu.

Student Name: _____________________________________

Course Title and Number: _____________________________

Instructor Name: ____________________________________

CLASS Time Allotted for Quiz/Test/Exam: _________ (hours/minutes)

Student must complete quiz/test/exam by:

Date _______________ Time _______________

Student May Use (Please Circle):

Textbook  Notes  Dictionary

Calculator  Formulas  Other ________________________

Special Instructions:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Method of Test Return: (*If no method selected, test returned to faculty mailbox)

___ Return to faculty mailbox
___ Student delivers in sealed envelope to my:  ___Mailbox  ___Class
___ Instructor Picks Up
___ Other: ______________________________

FOR TESTING CENTER STAFF ONLY

Time Student Started Exam: _______________  Projected Finish Time: _______________

Time Student Finished Exam: _______________  Exam Returned By: _______________

Note: Only an item that is circled will be allowed into the Testing Center. If an item is left un-circled, it will be assumed that it is NOT allowed.